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| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this an<br>amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |  |
|-----|--|--|--|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.  | Your full name   |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | William First name  Gerald Middle name  Lindekugel  Last name and Suffix (Sr., Jr., II, III) | Roxanne First name  Middle name  Lindekugel Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | William Lindekugel<br>William G. Lindekugel<br>Bill Lindekugel                               |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-1578  | xxx-xx-3976  |

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Debtor 1 William Gerald Lindekugel
Debtor 2 Roxanne Lindekugel

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  |
| 5. | Where you live   | 397 Donin Dr. Apt 201<br>Antioch, IL 60002  | If Debtor 2 lives at a different address:   |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |
|    |  | Lake<br>County  | Couphi  |
|    |  | ,   | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|    |  |   |   |

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William Gerald Lindekugel

Debtor 1

Debtor 2 Roxanne Lindekugel Case number (if known) **Tell the Court About Your Bankruptcy Case** Part 2: Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor District When Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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|     | otor 1 William Gerald Lir<br>otor 2 Roxanne Lindeku   |                    | Case number (if known)   |    |  |  |  |  |
|-----|---|--------------------|--|----|--|--|--|--|
|     |   |                    |  |    |  |  |  |  |
| Par | t 3: Report About Any Bu  | ısinesses          | You Own as a Sole Proprietor   |    |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | No. Go to Part 4.  |    |  |  |  |  |
|     |   | ☐ Yes.             | Yes. Name and location of business   |    |  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name of business, if any   |    |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Number, Street, City, State & ZIP Code   |    |  |  |  |  |
|     | it to this petition.  |                    | Check the appropriate box to describe your business:   |    |  |  |  |  |
|     |   |                    | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |    |  |  |  |  |
|     |   |                    | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |    |  |  |  |  |
|     |   |                    | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |    |  |  |  |  |
|     |   |                    | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  |    |  |  |  |  |
|     |   |                    | □ None of the above  |    |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate so the sum of th | f  |  |  |  |  |
|     | For a definition of small   | ■ No.              | I am not filing under Chapter 11.  |    |  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |    |  |  |  |  |
|     |   | ☐ Yes.             | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code   | :- |  |  |  |  |
| Par | t 4: Report if You Own or   | Have Any           | Hazardous Property or Any Property That Needs Immediate Attention  |    |  |  |  |  |
| 14. | Do you own or have any  | ■ No.              |  |    |  |  |  |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.             |  |    |  |  |  |  |
|     | of imminent and   | ☐ Yes.             | What is the hazard?  |    |  |  |  |  |
|     | identifiable hazard to public health or safety?   |                    |  |    |  |  |  |  |
|     | Or do you own any   |                    |  |    |  |  |  |  |
|     | property that needs immediate attention?  |                    | If immediate attention is needed, why is it needed?  |    |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                    | Where is the property?  Number, Street, City, State & Zip Code   |    |  |  |  |  |
|     |   |                    |  |    |  |  |  |  |

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Debtor 1 William Gerald Lindekugel

Debtor 2 Roxanne Lindekugel Case number (if known)

## 15. Tell the court whether

#### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-15440 Doc 1 Filed 05/29/18 Entered 05/29/18 16:31:52 Desc Main Document Page 6 of 59

Debtor 1 William Gerald Lindekugel Debtor 2 Roxanne Lindekugel Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **25,001-50,000** 1-49 you estimate that you **5001-10.000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William Gerald Lindekugel /s/ Roxanne Lindekugel William Gerald Lindekugel Roxanne Lindekugel Signature of Debtor 1 Signature of Debtor 2 Executed on May 29, 2018 Executed on May 29, 2018 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1<br>Debtor 2 | William Gerald Li<br>Roxanne Lindeku               | •                    | Document   | Page 7 of 59              | Gase number (if known) |                    |   |
|----------------------|--|----------------------|--|---------------------------|------------------------|--------------------|---|
| Depior 2             | NOXAIIIIE LIIIUERU                                 | gei                  |  |                           | Od3C II                | umber (# known)    |   |
| For your a represent | attorney, if you are<br>ed by one                  | under Chapter 7, 11, | 12, or 13 of title 11, Unit                        | ed States Code, and h     | nave expl              | ained the relief a | r(s) about eligibility to proceed<br>available under each chapter<br>required by 11 U.S.C. § 342(b) |
|                      | not represented by<br>ey, you do not need<br>page. |                      | h § 707(b)(4)(D) applies ne petition is incorrect. | s, certify that I have no | knowled                | ge after an inqui  | iry that the information in the   |
|                      |  | /s/ Robert J. Tome   | ei Jr.   | Date                      | -                      | May 29, 2018       |   |

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|                           |  | eni Faue o ul 39   |   |  |  |
|---------------------------|--|--|---|--|--|
| nation to identify your   | case:  |  |   |  |  |
| William Gerald Lindekugel |  |  |   |  |  |
| First Name                | Middle Name  | Last Name  |   |  |  |
| Roxanne Lindeku           | ıgel   |  |   |  |  |
| First Name                | Middle Name  | Last Name  |   |  |  |
| nkruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS  |   |  |  |
|                           |  |  |   |  |  |
|                           | William Gerald Li<br>First Name<br>Roxanne Lindeku<br>First Name | william Gerald Lindekugel First Name Middle Name  Roxanne Lindekugel  First Name Middle Name | Milliam Gerald Lindekugel First Name Middle Name Last Name  Roxanne Lindekugel First Name Middle Name Last Name |  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |  | Your as<br>Value o | ssets<br>f what you own |
|----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$                 | 0.00                    |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 13,923.09               |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 13,923.09               |
| Pa | t 2: Summarize Your Liabilities  |                    |                         |
|    |  |                    | abilities<br>you owe    |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 13,640.00               |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                 | 1,644.59                |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 64,939.00               |
|    | Your total liabilities   | \$                 | 80,223.59               |
| Pa | t 3: Summarize Your Income and Expenses  |                    |                         |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 4,025.95                |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 3,319.85                |
| Pa | 4: Answer These Questions for Administrative and Statistical Records   |                    |                         |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch       | edules.                 |
| 7. | ■ Yes What kind of debt do you have?   |                    |                         |
| •• | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | nersonal           | family, or              |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 William Gerald Lindekugel
Debtor 2 Roxanne Lindekugel

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,335.60

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following:   |      |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 1,644.59 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 1,644.59 |

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| Fill in                                      |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
|  | this informa   | ation to identify your   | case and this filing:  |  |   |  |
| Debtor                                       | · 1  | William Gerald L   | indekugel  |  |   |  |
|  |  | First Name   | Middle Name  | Last Name  |   |  |
| Debtor<br>(Spouse                            |  | Roxanne Lindek   | Middle Name  | Last Name  |   |  |
|  |  |  |  |  |   |  |
| United                                       | States Bank  | kruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS  |   |  |
| Case r                                       | number   |  |  |  |   | ☐ Check if this is an  |
|  |  |  |  |  |   | amended filing   |
|  |  |  |  |  |   | -  |
| ⊃π: -  | اما المس   | 400 A /D   |  |  |   |  |
| _  |  | m 106A/B   |  |  |   |  |
| Sch  | redule   | A/B: Prop  | perty  |  |   | 12/15  |
| n each                                       | category, sep  | parately list and describ  | pe items. List an asset only o   | once. If an asset fits in more than o  | one category, list the asset in   | the category where you   |
|  |  |  |  | ed people are filing together, both a  |   |  |
|  | tion. If more :<br>every questic   |  | a separate sheet to this for   | m. On the top of any additional pag  | ges, write your name and case   | e number (if known).   |
|  | -<br>-   | ····   |  |  |   |  |
| Part 1:                                      | Describe E   | ach Residence, Building  | g, Land, or Other Real Estate  | e You Own or Have an Interest In   |   |  |
| . Do y                                       | ou own or ha   | ve any legal or equitabl   | le interest in any residence,  | building, land, or similar property?   | •   |  |
| _  |  | ,  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | J,   |   |  |
| ■ N  | o. Go to Part 2  | 2.   |  |  |   |  |
| Пу   | es. Where is t   | the property?  |  |  |   |  |
| <b>—</b> · ·                                 |  |  |  |  |   |  |
|  | I  |  |  |  |   |  |
| Part 2:<br>Oo you<br>comeor                  | own, lease<br>ne else drive  | e, or have legal or eques. If you lease a vehic  | ele, also report it on Schede  | hicles, whether they are registe<br>ule G: Executory Contracts and L   |   | ehicles you own that   |
| Part 2:<br>Oo you<br>omeor                   | own, lease<br>ne else drive<br>s, vans, truc   | e, or have legal or eques. If you lease a vehic  |  | ule G: Executory Contracts and L   |   | ehicles you own that   |
| Part 2: Do you comeor  Cars  N               | own, lease<br>ne else drive<br>s, vans, truc<br>o<br>es  | e, or have legal or eques. If you lease a vehice   | ele, also report it on <i>Sched</i>  | ule G: Executory Contracts and L   | Jnexpired Leases.   |  |
| Part 2: Do you someon  Cars  N Y  3.1        | n own, lease he else drive s, vans, truc   | e, or have legal or eq<br>es. If you lease a vehic<br>cks, tractors, sport u   | tility vehicles, motorcycles, also report it on Schedictility vehicles, motorcycles, motorcycles, who has an interesting the second sec | ule G: Executory Contracts and L   | Do not deduct secured cluthe amount of any secure   | aims or exemptions. Put  |
| Part 2: Do you comeon  Cars  N Y  3.1        | n own, lease he else drive s, vans, trucco es Make:  | e, or have legal or eques. If you lease a vehicles, tractors, sport under the same and the same area.  | tility vehicles, motorcycle  Who has an inter  | ule G: Executory Contracts and L   | Jnexpired Leases.  Do not deduct secured classes.   | aims or exemptions. Put  |
| Part 2: Do you someon 3. Cars  N Y 3.1       | own, lease he else drive s, vans, trucco es  Make: Nodel: Voyear: 20   | e, or have legal or eques. If you lease a vehicles, tractors, sport under the same and the same  | Who has an inter  Debtor 1 only  | es rest in the property? Check one   | Do not deduct secured cluber amount of any secure Creditors Who Have Claim  Current value of the  | aims or exemptions. Put be claims on Schedule D: ms Secured by Property.  Current value of the   |
| Part 2: Do you comeon 3. Cars  □ N  ■ Y  3.1 | own, lease he else drive s, vans, trucco es  Make: Nodel: Voyear: 20  Approximate  | e, or have legal or eques. If you lease a vehicles, tractors, sport under the second s | Who has an inter  Debtor 1 only  Debtor 2 only  Debtor 1 and 0   | es  rest in the property? Check one  Debtor 2 only   | Do not deduct secured class the amount of any secure Creditors Who Have Claim   | aims or exemptions. Put<br>d claims on Schedule D:<br>ms Secured by Property.  |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease the else drive to t | e, or have legal or equels. If you lease a vehicle cks, tractors, sport under the cks, tractors and the cks are considered as a considered as  | Who has an inter  Debtor 1 only  Debtor 2 only  Debtor 1 and 0   | es rest in the property? Check one   | Do not deduct secured cluber amount of any secure Creditors Who Have Claim  Current value of the  | aims or exemptions. Put be claims on Schedule D: ms Secured by Property.  Current value of the   |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease the else drive to the else to the els | e, or have legal or eques. If you lease a vehicles. If you lease a vehicles, tractors, sport under the same and the same a | Who has an inter Debtor 1 only Debtor 2 only At least one of   | es  rest in the property? Check one  Debtor 2 only   | Do not deduct secured cluber amount of any secure Creditors Who Have Claim  Current value of the  | aims or exemptions. Put be claims on Schedule D: ms Secured by Property.  Current value of the   |
| Part 2: Do you comeon 3. Cars N Y 3.1        | own, lease the else drive to the else to the els | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book  | Who has an inter Debtor 1 only Debtor 2 only At least one of   | es  rest in the property? Check one  Debtor 2 only the debtors and another  is community property                              | Do not deduct secured cluber the amount of any secure Creditors Who Have Clair  Current value of the entire property?   | aims or exemptions. Put be claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| Part 2: Do you someon 3. Cars  N Y 3.1       | own, lease the else drivers, vans, tructors  Make: Model: Year: Other informations Wehicle: Ebased on  | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book  | Who has an inter Debtor 1 only Debtor 2 only At least one of   | es  rest in the property? Check one  Debtor 2 only the debtors and another  is community property                              | Do not deduct secured cluber the amount of any secure Creditors Who Have Clair  Current value of the entire property?   | aims or exemptions. Put be claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease he else drive s, vans, trucco es Make: Nodel: Vear: 20 Approximate Other informate Vehicle: Ebased on private pa  | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book  | Who has an inter Debtor 1 only Debtor 2 only At least one of Check if this (see instructions   | es  rest in the property? Check one  Debtor 2 only the debtors and another  is community property                              | Do not deduct secured class the amount of any secure Creditors Who Have Claim  Current value of the entire property?  \$4,039.00  | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease he else drive s, vans, trucco es Make: Nodel: Vear: 20 Approximate Other information Vehicle: Ebased on private pa  | e, or have legal or eques. If you lease a vehicles. If you lease a vehicles, tractors, sport under the same and the same a | Who has an inter Debtor 1 only Debtor 2 only Debtor 1 and I At least one of Check if this (see instructions Who has an inter   | es  rest in the property? Check one  Debtor 2 only the debtors and another  is community property                              | Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?  \$4,039.00   | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put ad claims on Schedule D:  |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease the else drive s, vans, tructoo es  Make: Nodel: Voor year: 20 Approximate Other informate Vehicle: Ebased on private pa  Make: Food Make: Food Model:  | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book rty value.   | Who has an inter Debtor 1 and I Debtor 1 and I At least one of Check if this i (see instructions) Who has an inter Debtor 1 only   | es  rest in the property? Check one  Debtor 2 only the debtors and another  is community property                              | Do not deduct secured class.  Do not deduct secured class.  Creditors Who Have Claim  Current value of the entire property?  \$4,039.00  Do not deduct secured class amount of any secure Creditors Who Have Claim          | aims or exemptions. Put the claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put the claims on Schedule D: ms Secured by Property.                                      |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease the else drive s, vans, tructoo es  Make: Nodel: Voor year: 20 Approximate Other informate Vehicle: Ebased on private pa  Make: Food Make: Food Model:  | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book rty value.   | Who has an inter Debtor 1 only Debtor 2 only Debtor 1 and I At least one of Check if this (see instructions Who has an inter   | rest in the property? Check one  Debtor 2 only the debtors and another is community property  rest in the property? Check one  | Do not deduct secured class.  Do not deduct secured class.  Current value of the entire property?  \$4,039.00  Do not deduct secured class.   | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put ad claims on Schedule D:  |
| Part 2: Do you someon 3. Cars N Y 3.1        | own, lease the else drivers, vans, tructors, vans, v | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book rty value.  ord usion 011 mileage: 78  | Who has an inter Debtor 1 and 0 At least one of Check if this (see instructions  Who has an inter Debtor 2 only Check if this (see instructions  Who has an inter Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only  | rest in the property? Check one  Debtor 2 only the debtors and another is community property  rest in the property? Check one  | Do not deduct secured characteristics who Have Claim  Current value of the entire property?  \$4,039.00  Do not deduct secured characteristics who Have Claim  Creditors Who Have Claim  Current value of the               | aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the                  |
| Part 2: Do you someon  3. Cars  N Y  3.1     | Make: Note in formate particular to the rinformate particular to the rinfo | issan ersa 010 mileage: 98 ation: stimated value is Kelly Blue Book rty value.  ord usion 011 mileage: 78  | Who has an inter Debtor 1 and 0 At least one of Check if this (see instructions Who has an inter Debtor 2 only Debtor 1 and 0 At least one of Debtor 1 only Debtor 2 only At least one of Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and 0 At least one of   | rest in the property? Check one  Debtor 2 only the debtors and another  is community property  rest in the property? Check one | Do not deduct secured characteristics who Have Claim Current value of the entire property?  \$4,039.00  Do not deduct secured characteristics who Have Claim Creditors Who Have Claim Current value of the entire property? | aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |
| Part 2: Do you comeon  3. Cars  N Y  3.1     | Make: Note informate particular to the rinformate particular to the rinfor | issan ersa 010 mileage: 98 ation: ord usion 011 mileage: 78 ation: 78  | Who has an inter Debtor 1 and I Debtor 4 and I Check if this (see instructions  Who has an inter Debtor 2 only Check if this (see instructions  Who has an inter Debtor 2 only Debtor 3 and I Check if this (see instructions  Who has an inter Debtor 4 and I Debtor 5 and I Debtor 6 and I Debtor 7 and I Debtor 1 and I Debtor 1 and I At least one of  | rest in the property? Check one  Debtor 2 only the debtors and another  is community property  Pest in the property? Check one | Do not deduct secured characteristics who Have Claim  Current value of the entire property?  \$4,039.00  Do not deduct secured characteristics who Have Claim  Creditors Who Have Claim  Current value of the               | aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$4,039.00  aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the                  |

☐ Yes

|                      | Case 18-15440  | Doc 1                    | Filed 05/29/18            | Entered 05/29/              | 18 16:31:52           | Desc Main  |
|----------------------|--|--------------------------|---------------------------|-----------------------------|-----------------------|--|
| Debtor 1<br>Debtor 2 | William Gerald Linde<br>Roxanne Lindekuge  |                          | Document                  | Page 11 of 59               | se number (if known)  |  |
| Debioi 2             | Noxalille Lilidekuge   | <u> </u>                 |                           |                             | se number (ii known)  |  |
|                      | e dollar value of the porti<br>you have attached for Pa                            |                          |                           |                             |                       | \$10,515.00  |
| D. (0. D.            |  |                          |                           |                             |                       |  |
|                      | escribe Your Personal and H<br>wn or have any legal or ed                          |                          |                           | ing items?                  |                       | Current value of the   |
|                      | , ,  |                          | ·                         | ·                           |                       | portion you own? Do not deduct secured claims or exemptions. |
| Examp.<br>□ No       | nold goods and furnishing<br>les: Major appliances, furni                          |                          | hina, kitchenware         |                             |                       |  |
| ■ Yes.               | Describe   |                          |                           |                             |                       |  |
|                      | Regula   | ar househo               | ld goods and furnish      | ings                        |                       | \$1,000.00   |
| □ No                 |  |                          |                           | ment; computers, printers   | s, scanners; music c  | ollections; electronic devices                               |
|                      | -  | ar househo<br>uter, etc. | ld electronics, includ    | ing phones, televisio       | n,                    | \$500.00   |
| Examp. ■ No          | ibles of value les: Antiques and figurines; other collections, mem Describe        |                          |                           | oks, pictures, or other art | objects; stamp, coin, | or baseball card collections;                                |
| Examp.               | nent for sports and hobbides: Sports, photographic, emusical instruments  Describe |                          | other hobby equipment; I  | picycles, pool tables, golf | clubs, skis; canoes a | and kayaks; carpentry tools;                                 |
| ■ No                 | ms  ples: Pistols, rifles, shotgur  Describe                                       | ıs, ammunitio            | n, and related equipment  |                             |                       |  |
| □ No                 | ples: Everyday clothes, furs  Describe   | s, leather coa           | ts, designer wear, shoes, | accessories                 |                       |  |
|                      |  | •                        | eral wearing apparel      | for 1 adult male and        | 1 adult               | \$500.00   |
| □ No                 | ry<br>ples: Everyday jewelry, cos<br>Describe                                      | .tume jewelry,           | , engagement rings, wed   | ling rings, heirloom jewel  | ry, watches, gems, ç  | gold, silver   |
|                      | Costu  | me jewelry               |                           |                             |                       | \$25.00  |
|                      |  |                          |                           |                             |                       |  |

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

| Debtor 1<br>Debtor 2 | William Gera<br>Roxanne Lin             |           |                                    | Document  | Page 12 of 59  Case r                                       | number (if known)    |  |
|----------------------|---|-----------|------------------------------------|---|---|----------------------|--|
| ☐ Yes.               | Describe                                |           |                                    |   |   |                      |  |
| □ No                 | ther personal and                       |           | -                                  | did not already list                            | , including any health aids yo                              | ou did not list      |  |
|                      |   |           | ner personal p<br>r \$100 per itei |   | ady listed none of which v                                  | alued                | \$500.00   |
|                      |   |           |                                    | m Part 3, including                             | any entries for pages you ha                                | ive attached         | \$2,525.00   |
|                      | escribe Your Financ                     |           |                                    |   |   |                      |  |
| Do you ov            | wn or have any le                       | egal or e | quitable interes                   | st in any of the follo                          | owing?  |                      | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ■ No                 |   |           |                                    | ır home, in a safe de                           | eposit box, and on hand when y                              | ou file your petitio | n  |
| Exam                 |   |           |                                    | accounts; certificates<br>unts with the same in | s of deposit; shares in credit un<br>nstitution, list each. | ions, brokerage h    | ouses, and other similar   |
| □ No<br>■ Yes.       |   |           |                                    | Institution                                     | n name:   |                      |  |
|                      |   | 17.1.     | Checking                           | Checkir<br>in 8768                              | ng Account: Fifth Third Ba                                  | ink Ending           | \$8.52   |
|                      |   | 17.2.     | Credit Unior                       |   | ng Account: Dial Credit Ur                                  | nion Ending          | \$15.41  |
|                      |   | 17.3.     | Checking                           | Checkir   | ng Account: PNC Bank En                                     | ding in 9922         | \$4.09   |
|                      |   | 17.4.     | Savings                            | Savings<br>8144                                 | s Account: Fifth Third Ban                                  | k Ending in          | \$5.07   |
|                      |   | 17.5.     | Savings                            | PNC Ch  | ecking Account Ending in                                    | า 9949               | \$0.00   |
|                      |   | 17.6.     | Savings                            | PNC Sa  | vings Account Ending in                                     | 9957                 | \$0.00   |
| _Exam                | s, mutual funds, o<br>ples: Bond funds, |           |                                    |   | oney market accounts  |                      |  |
| ■ No<br>□ Yes.       |   |           | Institution or iss                 | uer name:                                       |   |                      |  |
| 19. <b>Non-p</b>     |   | ock and   | interests in inc                   | orporated and unin                              | ncorporated businesses, inclu                               | uding an interest    | in an LLC, partnership, and  |
| ☐ Yes.               | Give specific info                      |           | about them<br>ne of entity:        |   | % of 0  | ownership:           |  |

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Official Form 106A/B Schedule A/B: Property

Entered 05/29/18 16:31:52 Case 18-15440 Doc 1 Filed 05/29/18 Desc Main Page 13 of 59 Document William Gerald Lindekugel Debtor 1 Debtor 2 Roxanne Lindekugel Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Institution name: Type of account: 401(k) 401(K) Fidelity \$350.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. ..... Rental deposit Security Deposit: Security Deposit Held By \$500.00 **Landlord Antioch Manor Apartments** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information.....

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William Gerald Lindekugel Roxanne Lindekugel Case number (if known)

| 30. | Other amounts someone owes you<br>Examples: Unpaid wages, disability i   | nsurance payments, disability benefits, sick   | pay, vacation pay, workers' compens     | eation, Social Security    |
|-----|--|--|---|----------------------------|
|     | benefits; unpaid loans yo  |  |   | ·                          |
|     | ■ No □ Yes. Give specific information                                    |  |   |                            |
| 31. | Interests in insurance policies  | surance; health savings account (HSA); cre   | edit, homeowner's, or renter's insuranc | e                          |
|     | Yes. Name the insurance company  | of each policy and list its value.<br>ny name:   | Beneficiary:                            | Surrender or refund value: |
|     |  | nce: Physicians Mutual Life Face<br>\$2,500.00   | William Lindekugel                      | \$0.00                     |
|     | Insura<br><u>Value</u>   | nce: Garden State Life Ins Face  | William Lindekugel                      | \$0.00                     |
|     |  | nce: American Family Insurance<br>led Term Life Death Benefit of<br>.00  | Debtor 2                                | \$0.00                     |
|     |  | ife Policy through Work  |   |                            |
|     | (Sagaf   |  | Roxanne Lindekugel                      | \$0.00                     |
|     | someone has died.  ■ No □ Yes. Give specific information                 | you from someone who has died ust, expect proceeds from a life insurance er or not you have filed a lawsuit or mad |   | ve property because        |
|     |  | sputes, insurance claims, or rights to sue   | . ,                                     |                            |
| 34. |  | claims of every nature, including counte   | erclaims of the debtor and rights to s  | set off claims             |
| 35. | Any financial assets you did not all  No  Yes. Give specific information | ready list   |   |                            |
| 36  |  | entries from Part 4, including any entrie  |   | \$883.09                   |
| Pa  | art 5: Describe Any Business-Related Pro                                 | pperty You Own or Have an Interest In. List an   | y real estate in Part 1.                |                            |
|     | Do you own or have any legal or equitab  ■ No. Go to Part 6.             | le interest in any business-related property?  |   |                            |
|     | Yes. Go to line 38.  |  |   |                            |

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1 Debtor 2

Case 18-15440 Doc 1 Filed 05/29/18 Entered 05/29/18 16:31:52 Desc Main Page 15 of 59 Document William Gerald Lindekugel Debtor 1 Debtor 2 Roxanne Lindekugel Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$10,515.00 57. Part 3: Total personal and household items, line 15 \$2,525.00 58. Part 4: Total financial assets, line 36 \$883.09 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

\$13,923.09

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,923.09

\$13,923.09

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|                     |                          |                   | 1 |                                    |
|---------------------|--------------------------|-------------------|---|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |   |                                    |
| Debtor 1            | William Gerald Li        | ndekugel          |   |                                    |
|                     | First Name               | Middle Name       | Last Name                               |                                    |
| Debtor 2            | Roxanne Lindeku          | ıgel              |   |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                               |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                             |                                    |
| Case number         |                          |                   |   |                                    |
| (if known)          |                          |                   |   | Check if this is an amended filing |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exer |   | Specific laws that allow exemption |
|---|--------------------------------------|---|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.                            |                                    |
| 2010 Nissan Versa 98,700 miles<br>Vehicle: Estimated value is based on              | \$4,039.00                           |   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Kelly Blue Book private party value.<br>Line from <i>Schedule A/B</i> : <b>3.1</b>  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2011 Ford Fusion 78,500 miles Vehicle: Fair market value listed is                  | \$6,476.00                           |   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| based on KBB private party. Line from Schedule A/B: 3.2                             |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Regular household goods and furnishings   | \$1,000.00                           |   | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Regular household electronics, including phones, television,                        | \$500.00                             |   | \$500.00  | 735 ILCS 5/12-1001(b)              |
| computer, etc. Line from Schedule A/B: 7.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing and general wearing apparel for 1 adult male and 1 adult                   | \$500.00                             |   | \$500.00  | 735 ILCS 5/12-1001(a)              |
| female Line from Schedule A/B: 11.1   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |

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William Gerald Lindekugel Debtor 1 Roxanne Lindekugel Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Costume jewelry 735 ILCS 5/12-1001(b) \$25.00 \$25.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit All other personal property not 735 ILCS 5/12-1001(b) \$500.00 \$500.00 already listed none of which valued at over \$100 per item. 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 14.1 **Checking: Checking Account: Fifth** 735 ILCS 5/12-1001(b) \$8.52 100% Third Bank Ending in 8768 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Credit Union: Checking Account: Dial** 735 ILCS 5/12-1001(b) 100% \$15.41 **Credit Union Ending in 004** Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **Checking: Checking Account: PNC** 735 ILCS 5/12-1001(b) \$4.09 100% Bank Ending in 9922 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Savings: Savings Account: Fifth 735 ILCS 5/12-1001(b) \$5.07 Third Bank Ending in 8144 П Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit 401(k): 401(K) Fidelity 735 ILCS 5/12-1006 \$350.00 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Rental deposit: Security Deposit: 735 ILCS 5/12-1001(b) \$500.00 \$500.00 Security Deposit Held By Landlord **Antioch Manor Apartments** 100% of fair market value, up to Line from Schedule A/B: 22.1 any applicable statutory limit **Insurance: Physicians Mutual Life** 215 ILCS 5/238 \$0.00 100% Face Value \$2,500.00 Beneficiary: William Lindekugel 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit **Insurance: Physicians Mutual Life** 735 ILCS 5/12-1001(f) 100% \$0.00 Face Value \$2,500.00 Beneficiary: William Lindekugel 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit Insurance: Garden State Life Ins 215 ILCS 5/238 \$0.00 100% **Face Value** П Beneficiary: William Lindekugel 100% of fair market value, up to

any applicable statutory limit

Line from Schedule A/B: 31.2

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Debtor 1 Roxanne Lindekugel Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Insurance: Garden State Life Ins 735 ILCS 5/12-1001(f) \$0.00 100% **Face Value** Beneficiary: William Lindekugel 100% of fair market value, up to Line from Schedule A/B: 31.2 any applicable statutory limit Insurance: Garden State Life Ins 735 ILCS 5/12-1001(h)(3) 100% \$0.00 **Face Value** Beneficiary: William Lindekugel 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 31.2 **Insurance: American Family** 735 ILCS 5/12-1001(f) \$0.00 100% **Insurance Extended Term Life Death** Benefit of \$5,025.00 100% of fair market value, up to Beneficiary: Debtor 2 any applicable statutory limit Line from Schedule A/B: 31.3 215 ILCS 5/238 **Insurance: American Family** 100% \$0.00 **Insurance Extended Term Life Death** Benefit of \$5,025.00 100% of fair market value, up to Beneficiary: Debtor 2 any applicable statutory limit Line from Schedule A/B: 31.3 **Term Life Policy through Work** 215 ILCS 5/238 100% \$0.00 (Sagaftra) Beneficiary: Roxanne Lindekugel 100% of fair market value, up to Line from Schedule A/B: 31.4 any applicable statutory limit **Term Life Policy through Work** 735 ILCS 5/12-1001(h)(3) \$0.00 100% (Sagaftra) **Beneficiary: Roxanne Lindekugel** 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 31.4 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

William Gerald Lindekugel

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|  |   | Document  | Page 19            | of 59  |  |                          |
|--|---|---|--------------------|--|--|--------------------------|
| Fill in this informa   | tion to identify you                          | ır case:  |                    |  |  |                          |
| Debtor 1   | William Gerald I                              | Lindekugel  |                    |  |  |                          |
|  | First Name                                    | Middle Name   | Last Name          |  | -  |                          |
| Debtor 2<br>(Spouse if, filing)  | Roxanne Lindel                                | Kugel Middle Name   | Last Name          |  | -  |                          |
| (Spouse II, IIIIIIg)   | i iist ivaille                                | Wildule Name  | Lastivalle         |  |  |                          |
| United States Bank   | ruptcy Court for the:                         | NORTHERN DISTRICT OF ILLI   | NOIS               |  | _  |                          |
| Case number  |   |   |                    |  |  |                          |
| (if known)   |   |   |                    |  | ☐ Check                                      | if this is an            |
|  |   |   |                    |  | ameno  | led filing               |
| o =  | 4000  |   |                    |  |  |                          |
| Official Form  | <u>106D</u>                                   |   |                    |  |  |                          |
| Schedule D   | ): Creditors                                  | Who Have Claims S   | Secureo            | l by Propert   | У  | 12/15                    |
|  |   | If two married people are filing togethe<br>out, number the entries, and attach it to   |                    |  |  |                          |
| 1. Do any creditors ha   | ave claims secured by                         | your property?  |                    |  |  |                          |
| □ No. Check the control of the c | nis box and submit th                         | his form to the court with your other s   | schedules. Yo      | ou have nothing else                                   | to report on this form.                      |                          |
| Yes. Fill in a   | II of the information                         | below.  |                    |  |  |                          |
| Part 1: List All S   | Secured Claims                                |   |                    |  |  |                          |
|  |   | more than one secured claim, list the cred  | itor senarately    | Column A   | Column B                                     | Column C                 |
| for each claim. If more  | e than one creditor has                       | a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As      | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Ally Financ  | ial   | Describe the property that secures the claim:   |                    | \$5,336.00   | \$4,039.00                                   | \$1,297.00               |
| Creditor's Name  |   | 2010 Nissan Versa 98,700 mil<br>Vehicle: Estimated value is b                           | ased               |  |  |                          |
| A.,  |   | on Kelly Blue Book private pa   | arty               |  |  |                          |
| Attn: Bankr<br>Po Box 380  |   | As of the date you file, the claim is: C  | heck all that      |  |  |                          |
|  | on, MN 55438                                  | apply.  |                    |  |  |                          |
|  | ity, State & Zip Code                         | ☐ Contingent☐ Unliquidated  |                    |  |  |                          |
| Number, Street, C  | ity, State & Zip Code                         | ☐ Disputed  |                    |  |  |                          |
| Who owes the debt  | ? Check one.                                  | Nature of lien. Check all that apply.   |                    |  |  |                          |
| Debtor 1 only  |   | ☐ An agreement you made (such as m  | ortgage or sec     | ured   |  |                          |
| Debtor 2 only  |   | car loan)   |                    |  |  |                          |
| ■ Debtor 1 and Debt  | tor 2 only                                    | ☐ Statutory lien (such as tax lien, mech  | nanic's lien)      |  |  |                          |
| ☐ At least one of the  |   | ☐ Judgment lien from a lawsuit  |                    |  |  |                          |
| Check if this clair community debt   |   | Other (including a right to offset)   | Purchase N         | loney Security   |  |                          |
| Date debt was incur  | Opened<br>04/16 Last<br>Active<br>red 3/24/18 | Last 4 digits of account numbe  | <sub>er</sub> 6720 |  |  |                          |
|  |   | -   |                    |  |  |                          |
| 2.2 Pnc Bank   |   | Describe the property that secures th   | e claim:           | \$8,304.00   | \$6,476.00                                   | \$1,828.00               |
| Creditor's Name  |   | 2011 Ford Fusion 78,500 mile  | es                 |  |  |                          |
| Attn: Bankr  |   | Vehicle: Fair market value lis  | ted is             |  |  |                          |
| Department<br>6750 Miller,   |   | based on KBB private party.  As of the date you file, the claim is: C                   | book all that      |  |  |                          |
| Br-Yb58-10   |   | apply.  | TIECK All triat    |  |  |                          |
| Brecksville  |   | ☐ Contingent  |                    |  |  |                          |
| Number, Street, C  | ity, State & Zip Code                         | ☐ Unliquidated  |                    |  |  |                          |
| 14 <i>1</i> 1  |   | ☐ Disputed  |                    |  |  |                          |
| Who owes the debt  | TY Check one.                                 | Nature of lien. Check all that apply.   |                    |  |  |                          |
| Debtor 1 only  |   |   | ortgage or sec     | ured   |  |                          |
| Debtor 2 only  |   |   |                    |  |  |                          |
| ☐ Debtor 1 and Debt☐ At least one of the   |   | ☐ Statutory lien (such as tax lien, mech☐ Judgment lien from a lawsuit                  | nanic's lien)      |  |  |                          |
| - At least one of the  | deniors and amound                            | - Judyment lien nom a lawsuit   |                    |  |  |                          |

Official Form 106D

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| Debtor 1  | William Gerald Lindekugel       |   | Case number (if know)   |                  |             |  |
|-----------|---------------------------------|---|---|------------------|-------------|--|
|           | First Name                      | Middle Name                               | Last Name   | _                |             |  |
| Debtor 2  | Roxanne I                       | _indekugel                                |   |                  |             |  |
|           | First Name                      | Middle Name                               | Last Name   |                  |             |  |
|           | if this claim re<br>nunity debt | elates to a                               | Other (including a right to offset)                                     | Purchase Mone    | y Security  |  |
| Date debt | was incurred                    | Opened<br>12/14 Last<br>Active<br>4/13/18 | Last 4 digits of account nun  | nber <u>7755</u> |             |  |
|           |                                 | •   | mn A on this page. Write that nur<br>dollar value totals from all pages | L                | \$13,640.00 |  |
|           | at number here                  |   | donai vaide totais iroin ali pages                                      | )=               | \$13,640.00 |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Page 21 of 59 Document Fill in this information to identify your case: Debtor 1 William Gerald Lindekugel Middle Name Last Name Debtor 2 Roxanne Lindekugel (Spouse if, filing) Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 **Internal Revenue Service** Last 4 digits of account number 1578 \$1,644.59 \$1,644.59 \$0.00 Priority Creditor's Name April 18, 2018 Centralized Insolvency Operation When was the debt incurred? PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ☐ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes Income tax liability Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Total claim

Part 2

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of

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Debtor 1 William Gerald Lindekugel

| Roxanne Lindekugel   |  | Case number (if know)                         |            |  |  |
|--|--|---|------------|--|--|
| Capital One  | Last 4 digits of account number                            | 6322  | \$3,696.00 |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred?                                | Opened 06/17 Last Active 2/28/18              |            |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
| Who incurred the debt? Check one.  |  |   |            |  |  |
| Debtor 1 only  | ☐ Contingent   |   |            |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
| $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |  |  |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |
| No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |  |  |
| ☐ Yes  | Other. Specify Credit Card                                 |   |            |  |  |
| Citibank/Exxon Mobile  | Last 4 digits of account number                            | 9042  | \$758.00   |  |  |
| Nonpriority Creditor's Name  Centralized Bankruptcy                                |  | Opened 07/90 Last Active                      |            |  |  |
| Po Box 790034  | When was the debt incurred?                                | 4/11/18                                       |            |  |  |
| St Louis, MO 63179   |  |   |            |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
| Who incurred the debt? Check one.  |  |   |            |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |
| Check if this claim is for a community   | Student loans  |   |            |  |  |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |  |  |
| □ Yes  |  | •   |            |  |  |
| Tes  | Other. Specify Credit Card                                 | <u>'</u>                                      |            |  |  |
| Comenity Bank/Blair Nonpriority Creditor's Name                                    | Last 4 digits of account number                            | 3057  | \$409.00   |  |  |
| Attn: Bankruptcy Dept Po Box 182125 Columbus. OH 43218                             | When was the debt incurred?                                | Opened 09/15 Last Active 4/12/18              |            |  |  |
| Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
| Who incurred the debt? Check one.  | <u>-</u>   |   |            |  |  |
| ☐ Debtor 1 only  | ☐ Contingent   |   |            |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |
| ☐ Check if this claim is for a community   | Student loans  |   |            |  |  |
| debt   |  | aration agreement or divorce that you did not |            |  |  |
| Is the claim subject to offset?  | report as priority claims                                  |   |            |  |  |
| No   | Debts to pension or profit-sharing                         |   |            |  |  |
| Yes  | ■ Other. Specify Charge Acc                                | count   |            |  |  |

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Debtor 1 William Gerald Lindekugel

| Debto | Pr 2 Roxanne Lindekugel   |  | Case number (if know)                        |             |  |  |  |
|-------|---|--|--|-------------|--|--|--|
| 4.4   | Comenity Bank/kingsi  | Last 4 digits of account number                              | 6908   | \$1,413.00  |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182273 Columbus, OH 43218 | When was the debt incurred?                                  | Opened 07/11 Last Active 4/12/18             |             |  |  |  |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                           | s: Check all that apply                      |             |  |  |  |
|       | Who incurred the debt? Check one.   |  |  |             |  |  |  |
|       | ☐ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|       | ■ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|       | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |             |  |  |  |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|       | Yes   | Other. Specify Charge Acc                                    | count  |             |  |  |  |
| 4.5   | Comenitybank/meijer Nonpriority Creditor's Name                               | Last 4 digits of account number                              | 6732   | \$837.00    |  |  |  |
|       | Attn: Bankruptcy  |  | Opened 11/17 Last Active                     |             |  |  |  |
|       | Po Box 182273   | When was the debt incurred?                                  | 3/18/18                                      |             |  |  |  |
|       | Columbus, OH 43218  Number Street City State Zlp Code                         | As of the date you file, the claim                           | is: Check all that apply                     |             |  |  |  |
|       | Who incurred the debt? Check one.   | As of the date you me, the dam's                             | S. Check all that apply                      |             |  |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |             |  |  |  |
|       | debt  | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |             |  |  |  |
|       | Is the claim subject to offset?   | report as priority claims                                    | ,  |             |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|       | Yes   | Other. Specify Charge Acc                                    | count  |             |  |  |  |
| 4.6   | First National Bank   | Last 4 digits of account number                              | 3438   | \$14,831.00 |  |  |  |
|       | Nonpriority Creditor's Name Attn: Tina 1620 Dodge St Mailstop 4440            | When was the debt incurred?                                  | Opened 05/13 Last Active 4/20/18             |             |  |  |  |
|       | Omaha, NE 68197  Number Street City State Zlp Code                            | As of the date you file, the claim                           | s: Check all that apply                      |             |  |  |  |
|       | Who incurred the debt? Check one.   | 715 of the date you me, the claim                            | o. Check all that apply                      |             |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|       | ■ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|       | ☐ Check if this claim is for a community                                      | Student loans  |  |             |  |  |  |
|       | debt  | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |             |  |  |  |
|       | Is the claim subject to offset?   | report as priority claims                                    | ,  |             |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|       | ☐ Yes   | ■ Other. Specify Credit Card                                 | !  |             |  |  |  |

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| Debtor<br>Debtor | 1 William Gerald Lindekugel<br>2 Roxanne Lindekugel   |  | Case number (if know)                         |             |  |  |  |
|------------------|---|--|---|-------------|--|--|--|
| 4.7              | First National Bank   | Last 4 digits of account number  | 9383  | \$12,394.00 |  |  |  |
|                  | Nonpriority Creditor's Name Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197  | When was the debt incurred?  | Opened 12/13 Last Active 1/26/18              | . ,         |  |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | is: Check all that apply                      |             |  |  |  |
|                  | ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt  Is the claim subject to offset?  ■ No | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ration agreement or divorce that you did not  |             |  |  |  |
|                  | □ Yes   | Other. Specify Credit Card   |   |             |  |  |  |
| 4.8              | Gs Bank Usa Nonpriority Creditor's Name   | Last 4 digits of account number  | 3658  | \$4,656.00  |  |  |  |
|                  | Po Box 45400<br>Salt Lake City, UT 84145  | When was the debt incurred?  | Opened 2/23/17 Last Active 4/27/18            |             |  |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   |   |             |  |  |  |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |             |  |  |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   | ☐ Unliquidated                                |             |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No                                       | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin                             | rration agreement or divorce that you did not |             |  |  |  |
|                  | Yes   | Other. Specify Unsecured   |   |             |  |  |  |
| 4.9              | Merrick Bank/CardWorks Nonpriority Creditor's Name  | Last 4 digits of account number  | 3520  | \$2,623.00  |  |  |  |
|                  | Attn: Bankruptcy<br>Po Box 9201<br>Old Bethpage, NY 11804   | When was the debt incurred?  | Opened 07/12 Last Active 4/11/18              |             |  |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i   | is: Check all that apply                      |             |  |  |  |
|                  | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated   |   |             |  |  |  |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |             |  |  |  |
|                  | ☐ At least one of the debtors and another   | - '  |   |             |  |  |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |  |  |  |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   |   |             |  |  |  |
|                  | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |             |  |  |  |
|                  | Yes   | Other. Specify Credit Card   | <u> </u>                                      |             |  |  |  |

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| Debto<br>Debto | r 1 William Gerald Lindekugel<br>r 2 Roxanne Lindekugel                            |  | Case number (if know)   |            |  |  |
|----------------|--|--|---|------------|--|--|
| 4.1            | Prosper Marketplace Inc Nonpriority Creditor's Name                                | Last 4 digits of account number  | 5959  | \$1,929.00 |  |  |
|                | Po Box 396081<br>San Francisco, CA 94139   | When was the debt incurred?  | Opened 01/16 Last Active 4/11/18  |            |  |  |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim   | is: Check all that apply  |            |  |  |
|                | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only                       | ☐ Contingent ☐ Unliquidated  |   |            |  |  |
|                | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans                   | d claim:  |            |  |  |
|                | debt<br>Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not                                    |            |  |  |
|                | ■ No<br>□ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify ☐ Unsecured             |   |            |  |  |
| 4.1            | Syncb/car Care Pep B  Nonpriority Creditor's Name                                  | Last 4 digits of account number  | 5367  | \$1,103.00 |  |  |
|                | Po Box 96060<br>Orlando, FL 32896  | When was the debt incurred?  | Opened 09/16 Last Active 4/12/18  |            |  |  |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim   |   |            |  |  |
|                | Debtor 1 only  | ☐ Contingent   |   |            |  |  |
|                | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
|                | $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured  | d claim:  |            |  |  |
|                | ☐ Check if this claim is for a community debt Is the claim subject to offset?      | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | rration agreement or divorce that you did not                                   |            |  |  |
|                | ■ No   | Debts to pension or profit-sharing   |   |            |  |  |
|                | Yes  | Other. Specify Charge Acc  | count   |            |  |  |
| 4.1            | Syncb/PLCC Nonpriority Creditor's Name   | Last 4 digits of account number  | 1578  | \$286.00   |  |  |
|                | Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896                             | When was the debt incurred?  | Opened 09/16 Last Active 3/25/18  |            |  |  |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.                | As of the date you file, the claim   |   |            |  |  |
|                | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |
|                | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   | ☐ Disputed  |            |  |  |
|                | $\square$ At least one of the debtors and another                                  | <u></u>  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |  |  |
|                | ☐ Check if this claim is for a community debt                                      | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims |   |            |  |  |
|                | Is the claim subject to offset?  | Debts to pension or profit-sharin  | a plane, and other similar debts  |            |  |  |
|                | ■ No □ Yes   | Other, Specify Charge Acc  |   |            |  |  |
|                | L 1es  | Other, Specify Charge Acceptage  | Journal   |            |  |  |

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| Debtoi<br>Debtoi | Milliam Gerald Lindekugel  Roxanne Lindekugel                                 |  | Case number (if know)                        |            |  |  |
|------------------|---|--|--|------------|--|--|
| 4.1<br>3         | Synchrony Bank/Sams   | Last 4 digits of account number                            | 3396   | \$3,745.00 |  |  |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896  | When was the debt incurred?                                | Opened 06/15 Last Active 3/09/18             |            |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim i                       | s: Check all that apply                      |            |  |  |
|                  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only                  | ☐ Contingent ☐ Unliquidated ☐ Disputed                     |  |            |  |  |
|                  | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  ☐ Student loans             | I claim:                                     |            |  |  |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u></u>  | ration agreement or divorce that you did not |            |  |  |
|                  | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |  |  |
|                  | Yes   | Other. Specify Charge Acc                                  | count  |            |  |  |
| 4.1              | Synchrony Bank/Sams Club  Nonpriority Creditor's Name                         | Last 4 digits of account number                            | 7934   | \$3,183.00 |  |  |
|                  | Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896                         | When was the debt incurred?                                | Opened 07/15 Last Active 5/09/18             |            |  |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                       |  |            |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|                  | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|                  | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                              |  |            |  |  |
|                  | ☐ Check if this claim is for a community debt                                 | ☐ Student loans  |  |            |  |  |
|                  | Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims |  |            |  |  |
|                  | ■ No  | Debts to pension or profit-sharin                          |  |            |  |  |
|                  | Yes   | Other. Specify Credit Card                                 |  |            |  |  |
| 4.1<br>5         | Synchrony Bank/Walmart  Nonpriority Creditor's Name                           | Last 4 digits of account number                            | 6399   | \$5,279.00 |  |  |
|                  | Attn: Bankruptcy Dept<br>Po Box 965060<br>Orlando, FL 32896                   | When was the debt incurred?                                | Opened 03/15 Last Active 3/15/18             |            |  |  |
|                  | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim                         |  |            |  |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                              | Type of NONPRIORITY unsecured claim:         |            |  |  |
|                  | ☐ Check if this claim is for a community debt                                 | ☐ Student loans ☐ Obligations arising out of a sepa        | ration agreement or divorce that you did not |            |  |  |
|                  | Is the claim subject to offset?   | report as priority claims                                  |  |            |  |  |
|                  | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |  |  |
|                  | ☐ Yes   | ■ Other. Specify Credit Card                               |  |            |  |  |

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|                   | 1 William G<br>2 Roxanne  | Gerald Lindekugel<br>Lindekugel          |  |               | umber (if know)                       |                         |  |
|-------------------|---|--|--|---------------|---------------------------------------|-------------------------|--|
| 4.1               |   | Bank/Walmart                             | Last 4 digits of account number  | 0883          |                                       | \$3,646.00              |  |
|                   | Nonpriority Cree Attn: Bank Po Box 965 Orlando, FL  | ruptcy Dept<br>060                       | When was the debt incurred?  | Open<br>3/14/ | ned 08/14 Last Active<br>18           |                         |  |
|                   | Number Street   | City State Zlp Code the debt? Check one. | As of the date you file, the claim   | is: Check     | all that apply                        |                         |  |
|                   | Debtor 1 on   | ly                                       | ☐ Contingent   |               |                                       |                         |  |
|                   | Debtor 2 on   | ly                                       | ☐ Unliquidated   |               |                                       |                         |  |
|                   | Debtor 1 an   | d Debtor 2 only                          | ☐ Disputed   |               |                                       |                         |  |
|                   | ☐ At least one  | of the debtors and another               | Type of NONPRIORITY unsecured  | d claim:      |                                       |                         |  |
|                   | ☐ Check if thi  | is claim is for a community              | ☐ Student loans  |               |                                       |                         |  |
|                   | debt  | 1.5-44                                   | Obligations arising out of a sepa  | ration ag     | reement or divorce that you did not   |                         |  |
|                   |   | bject to offset?                         | report as priority claims  |               |                                       |                         |  |
|                   | ■ No  |  | Debts to pension or profit-sharing   |               | and other similar debts               |                         |  |
|                   | ☐ Yes   |  | Other. Specify Charge Acc  | count         |                                       |                         |  |
| 4.1               | Target Nonpriority Cree   | ditara Nama                              | Last 4 digits of account number  | 2339          |                                       | \$4,151.00              |  |
|                   | Target Card   | d Services                               | When was the debt incurred?  | Open<br>4/11/ | ned 10/14 Last Active<br>18           |                         |  |
|                   | Minneapolis, MN 55440  Number Street City State Zlp Code  Who incurred the debt? Check one. |  |  |               |                                       |                         |  |
|                   |   |  | As of the date you file, the claim is: Check all that apply  |               |                                       |                         |  |
|                   | Debtor 1 on   |  | Пол  |               |                                       |                         |  |
|                   | _   |  | ☐ Contingent   |               |                                       |                         |  |
|                   | Debtor 2 on   | •  | ☐ Unliquidated   |               |                                       |                         |  |
|                   | _   | d Debtor 2 only                          | ☐ Disputed  Type of NONPRIORITY unsecure   | d claim:      |                                       |                         |  |
|                   |   | of the debtors and another               | Student loans  | u Ciaiiii.    |                                       |                         |  |
|                   | ☐ Check if thi  | is claim is for a community              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims              |               |                                       |                         |  |
|                   |   | bject to offset?                         |  |               |                                       |                         |  |
|                   | ■ No  |  | Debts to pension or profit-sharing   | g plans, a    | and other similar debts               |                         |  |
|                   | ☐ Yes   |  | Other. Specify Credit Card   | i             |                                       |                         |  |
| is tryi<br>have r | is page only if y<br>ng to collect fro<br>more than one o                                   | om you for a debt you owe to some        | ut your bankruptcy, for a debt that yene else, list the original creditor in but listed in Parts 1 or 2, list the addi | Parts 1       | or 2, then list the collection agency | here. Similarly, if you |  |
|                   | _   | •  |  |               |                                       |                         |  |
|                   |   |  | scured Claim   | eporting      | purposes only. 28 U.S.C. §159. Add    | the amounts for each    |  |
|                   |   |  |  |               | Total Claim                           |                         |  |
|                   | 6a.   | Domestic support obligations             |  | 6a.           | \$ 0.00                               |                         |  |
|                   | Total   |  |  |               |                                       |                         |  |
| from P            | aims<br>art 1 6b.   | Taxes and certain other debts yo         | ou owe the government  | 6b.           | \$ 1,644.59                           |                         |  |
|                   | 6c.   | Claims for death or personal inju        | ury while you were intoxicated   | 6c.           | \$ 0.00                               |                         |  |
|                   | 6d.   | Other. Add all other priority unsecu     | ured claims. Write that amount here.   | 6d.           | \$ 0.00                               |                         |  |
|                   | 6e.   | Total Priority. Add lines 6a throug      | h 6d.  | 6e.           | \$ 1,644.59                           |                         |  |
|                   |   |  |  |               | Total Claim                           |                         |  |
| 7                 | 6f.<br><b>Fotal</b>   | Student loans                            |  | 6f.           | \$0.00                                |                         |  |

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Debtor 1 William Gerald Lindekugel Debtor 2 Roxanne Lindekugel Case number (if know) from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 64,939.00 Total Nonpriority. Add lines 6f through 6i. 64,939.00 Case 18-15440 Doc 1 Filed 05/29/18 Entered 05/29/18 16:31:52 Desc Main

|  |                   | <u> </u>    |  |
|--|-------------------|-------------|--|
| Fill in this information to identify your ca | se:               |             |  |
| Debtor 1 William Gerald Lind                 | lekugel           |             |  |
| First Name                                   | Middle Name       | Last Name   |  |
| Debtor 2 Roxanne Lindekuge                   | el                |             |  |
| (Spouse if, filing) First Name               | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the:      | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number                                  |                   |             |  |
| (if known)                                   |                   |             |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for   |
|--|---|
| 2.1 Antioch Manor Apartments 445 Donin Dr. Antioch, IL 60002   | Residential leasehold agreement for property located at 397 Donin Drive, #201, Antioch, IL 60002 for \$915.00 per month rental obligation leashold running from February 15, 2018 to February 28, 2019. |

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|                                 |  | Docume  | ent Page 30 d          | of 59   |
|---------------------------------|--|---|------------------------|---|
| Fill in this in                 | nformation to identify your  | case:   |                        |   |
| Debtor 1                        | William Gerald Li  | ndekugel  |                        |   |
|                                 | First Name   | Middle Name   | Last Name              |   |
| Debtor 2                        | Roxanne Lindeku  | <u> </u>  |                        |   |
| (Spouse if, filing)             | ) First Name   | Middle Name   | Last Name              |   |
| United State                    | s Bankruptcy Court for the:  | NORTHERN DISTRICT                                   | OF ILLINOIS            |   |
| Case numbe                      | er   |   |                        |   |
| (if known)                      | ,  |   |                        | ☐ Check if this is an   |
|                                 |  |   |                        | amended filing  |
| Official                        | Form 106U  |   |                        |   |
|                                 | Form 106H  | •   |                        |   |
| Schedu                          | ıle H: Your Cod  | ebtors  |                        | 12/15   |
| Arizona,                        | n the last 8 years, have you<br>California, Idaho, Louisiana,<br>Go to line 3.<br>Did your spouse, former spou | Nevada, New Mexico, Pu                              | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.)  |
| in line 2<br>Form 10<br>out Col | e again as a codebtor only i<br>16D), Schedule E/F (Official   | f that person is a guaran<br>Form 106E/F), or Sched | tor or cosigner. Make  | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to file Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1                             |  |   |                        | ☐ Schedule D, line  |
| Na                              | ame  |   |                        | Schedule E/F, line  |
|                                 |  |   |                        | ☐ Schedule G, line  |
| Nu<br>Ci                        | umber Street<br>ty   | State   | ZIP Code               | _   |
|                                 |  |   |                        | <b>D</b>  |
| 3.2 Na                          | ame  |   |                        | Schodule D, line  |
|                                 |  |   |                        | ☐ Schedule E/F, line<br>☐ Schedule G, line  |
|                                 | and an   |   |                        |   |
| Nı<br>Ci                        | umber Street<br>ty   | State   | ZIP Code               |   |

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|                |   |                             |   | _                      |                                    |
|----------------|---|-----------------------------|---|------------------------|------------------------------------|
| Fil            | I in this information to identify your  | case:                       |   |                        |                                    |
| De             | ebtor 1 William Ge  | rald Lindekugel             | _   |                        |                                    |
| 1 -            | ebtor 2 Roxanne Li  | ndekugel                    |   |                        |                                    |
| Un             | nited States Bankruptcy Court for th  | e: NORTHERN DISTRIC         | CT OF ILLINOIS                                  |                        |                                    |
| (If k          | ase number<br>known)  |                             | -   |                        |                                    |
| $\overline{O}$ | Official Form 106I  |                             |   | MM / DD/ Y             | YYY                                |
| S              | chedule I: Your Inc   | ome                         |   |                        | 12/15                              |
| atta           | ouse. If you are separated and you ach a separate sheet to this form.  Int 1: Describe Employment  Fill in your employment information. | On the top of any additi    |   | nd case number (if     |                                    |
|                | If you have more than one job,  | Employment status           | ■ Employed                                      | ☐ Empl                 | oyed                               |
|                | attach a separate page with<br>information about additional<br>employers.   | Employment status           | ☐ Not employed                                  | ■ Not e                | mployed                            |
|                | . ,   | Occupation                  | Reporter  |                        |                                    |
|                | Include part-time, seasonal, or self-employed work.   | Employer's name             | Total Traffic Network                           |                        |                                    |
|                | Occupation may include student or homemaker, if it applies.   | Employer's address          | 161 N Clark St<br>Ste 1300<br>Chicago, IL 60601 |                        |                                    |
|                |   | How long employed t         | here? 8 Years, 0 Month                          | s                      |                                    |
| Pa             | art 2: Give Details About Mo  | nthly Income                |   |                        |                                    |
|                | timate monthly income as of the o   | date you file this form. If | you have nothing to report for any              | line, write \$0 in the | space. Include your non-filing     |
|                | ou or your non-filing spouse have me space, attach a separate sheet to  |                             | ombine the information for all emp              | oloyers for that perso | on on the lines below. If you need |
|                |   |                             |   | For Debtor 1           | For Debtor 2 or non-filing spouse  |

**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 0.00 3,615.73 2. 3. Estimate and list monthly overtime pay. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,615.73 0.00

Official Form 106I Schedule I: Your Income page 1

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| Debtor<br>Debtor      |   | _                 | Case | number ( <i>if known</i> )                           |                     |  |          |
|-----------------------|---|-------------------|------|--|---------------------|--|----------|
|                       |   |                   | For  | Debtor 1   | For Debto           |  |          |
| C                     | opy line 4 here   | 4.                | \$   | 3,615.73   | \$                  | 0.00   |          |
| 5. <b>L</b>           | ist all payroll deductions:   |                   |      |  |                     |  |          |
| 5                     | a. Tax, Medicare, and Social Security deductions  | 5a.               | \$   | 600.51   | \$                  | 0.00   |          |
| 5                     | b. Mandatory contributions for retirement plans   | 5b.               | \$_  | 0.00   | \$                  | 0.00   |          |
| 5                     | c. Voluntary contributions for retirement plans   | 5c.               | \$   | 0.00   | \$                  | 0.00   |          |
| 5                     | d. Required repayments of retirement fund loans   | 5d.               | \$   | 0.00   | \$                  | 0.00   |          |
| 5                     | e. Insurance  | 5e.               | \$   | 0.00   | \$                  | 0.00   |          |
| 5                     | f. Domestic support obligations   | 5f.               | \$   | 0.00   | \$                  | 0.00   |          |
| 5                     | g. Union dues   | 5g.               | \$_  | 0.00   | \$                  | 0.00   |          |
| 5                     | h. Other deductions. Specify: Transit   | 5h.+              | \$   | 281.67   | + \$                | 0.00   |          |
|                       | Health Supp   |                   | \$_  | 125.67   | \$                  | 0.00   |          |
|                       | Total Other Deductions  | _                 | \$_  | 99.93  | \$                  | 0.00   |          |
| 6. <b>A</b>           | dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$_  | 1,107.78   | \$                  | 0.00   |          |
| 7. <b>C</b>           | alculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$_  | 2,507.95   | \$                  | 0.00   |          |
| 8<br>8<br>8<br>8<br>8 | ist all other income regularly received:  a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  b. Interest and dividends  c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  d. Unemployment compensation  e. Social Security  f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  g. Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e. | \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$                  | 0.00<br>0.00<br>0.00<br>1,518.00<br>0.00<br>0.00 |          |
| 9. <b>A</b>           | dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$   | 0.00   | \$                  | 1,518.00   |          |
|                       | calculate monthly income. Add line 7 + line 9.  dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$            |      | 2,507.95 + \$_                                       | 1,518.00            | = \$   | 4,025.95 |
| Ir<br>o<br>D          | tate all other regular contributions to the expenses that you list in <i>Schedule</i> colude contributions from an unmarried partner, members of your household, your ther friends or relatives.  o not include any amounts already included in lines 2-10 or amounts that are not pecify:  | r depend          |      |  | ed in <i>Schedu</i> | le J.<br>+\$                                     | 0.00     |
| V                     | dd the amount in the last column of line 10 to the amount in line 11. The restrict that amount on the Summary of Schedules and Statistical Summary of Certapplies   |                   |      |  |                     | •  | 4,025.95 |
| 13. D                 | o you expect an increase or decrease within the year after you file this form  No.  Yes. Explain:   | 1?                |      |  |                     | Combine<br>monthly                               |          |

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| Fill | in this informa            | ation to identify yo                                   | our case:      |   |   | 1            |                  |   |
|------|----------------------------|--|----------------|---|---|--------------|------------------|---|
| Deb  | tor 1                      | William Gera   | ald Linde      | kuael   |   | Che          | eck if this is:  |   |
|      | tor 2                      | Roxanne Lin  |                |   |   |              |                  | wing postpetition chapter f the following date: |
|      | , ,,,                      | ruptov Court for the                                   | · NODTL        | IERN DISTRICT OF ILLIN                                      | OIS                                     |              | MM / DD / YYYY   |   |
|      |                            | ruptcy Court for the                                   | . NORTH        | IERN DISTRICT OF ILLIN                                      | OIS                                     |              | MINI / DD / TTTT |   |
|      | e number<br>nown)          |  |                |   |   |              |                  |   |
|      |                            | rm 106J  |                |   |   |              |                  |   |
|      |                            | J: Your  |                |   |   |              |                  | 12/1  |
| info | ormation. If m             |  | eded, atta     | If two married people ar<br>ch another sheet to this<br>n.  |   |              |                  |   |
| Par  |                            | ribe Your House  | hold           |   |   |              |                  |   |
| 1.   | Is this a join             |  |                |   |   |              |                  |   |
|      | □ No. Go to                | o line 2.<br>e <b>s Debtor 2 live</b> i                | in a senar:    | ate household?  |   |              |                  |   |
|      | ■ res. <b>Doe</b>          |  | iii a sepai    | ate nousenolu:  |   |              |                  |   |
|      |                            | -  | st file Offici | al Form 106J-2, <i>Expenses</i>                             | for Separate House                      | ehold of Del | btor 2.          |   |
| 2.   | Do you hav                 | e dependents?  | ■ No           |   |   |              |                  |   |
|      | Do not list D<br>Debtor 2. | ebtor 1 and  | ☐ Yes.         | Fill out this information for each dependent                | Dependent's relation Debtor 1 or Debtor |              | Dependent's age  | Does dependent live with you?                   |
|      | Do not state dependents    |  |                |   |   |              |                  | □ No<br>□ Yes                                   |
|      | dependents                 | names.   |                |   |   |              |                  | _ □ Yes<br>□ No                                 |
|      |                            |  |                |   |   |              |                  | □Yes  |
|      |                            |  |                |   |   |              |                  | □ No<br>□ Yes                                   |
|      |                            |  |                |   |   |              |                  | □ Yes □ No                                      |
| _    | _                          |  |                |   |   |              |                  | ☐ Yes   |
| 3.   | expenses o                 | penses include<br>of people other to<br>d your depende | han $_{m 	au}$ | No<br>Yes   |   |              |                  |   |
| Par  | t 2: Estim                 | nate Your Ongoi  | na Monthl      | v Expenses  |   |              |                  |   |
| Est  | imate your ex              | xpenses as of year the l                               | our bankrı     | uptcy filing date unless y<br>y is filed. If this is a supp |   |              |                  |   |
| the  | value of suc               | h assistance an  |                | government assistance i                                     |   |              | V                |   |
| (Of  | ficial Form 10             | 061.)  |                |   |   |              | Your exp         | Denses  |
| 4.   |                            | or home owners   |                | ses for your residence. In r lot.                           | nclude first mortgage                   | e<br>4.      | \$               | 915.00  |
|      | If not include             | ded in line 4:   |                |   |   |              |                  |   |
|      | 4a. Real                   | estate taxes   |                |   |   | 4a.          | \$               | 0.00  |
|      | 4b. Prope                  | erty, homeowner's                                      |                |   |   | 4b.          | \$               | 33.00   |
|      |                            | e maintenance, re<br>eowner's associat                 |                | ipkeep expenses   |   | 4c.<br>4d.   | ·                | 0.00<br>0.00                                    |
| 5.   |                            |  |                | our residence, such as ho                                   | me equity loans                         | 4u.<br>5.    | ·                | 0.00  |

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| 6   Willies   Sale Electricity, heat, natural gas   Sale Sale Sale Sale Sale Sale Sale Sale   |     | tor 1<br>tor 2                          | William Gerald Lindekugel Roxanne Lindekugel  | Case num | ber (if known) |                                       |
|---|-----|---|---|----------|----------------|---------------------------------------|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. \$ 25,00 6c. Telephrone, cell phrone, Internet, satellite, and cable services 6c. \$ 120,00 6d. Other, Specify; 6d. \$ 0,00 7. Food and housekeeping supplies 7. \$ 550,00 8. Childrare and children's education costs 8. \$ 0,00 9. Clothing, laundry, and dry cleaning 9. \$ 80,00 10. Personal care products and services 10. \$ 50,00 11. Medical and central expenses 11. \$ 100,00 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 475,00 13. \$ 11. \$ 100,00 14. Charitable contributions and religious donations 14. \$ 0,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 56,45 15b. Health insurance 15c. \$ 56,45 15b. Health insurance 15c. \$ 100,00 15c. Vehicle insurance. Specify: 15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. Specify: 15c. Taxes to not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Care payments for Vehicle 1 17d. Care payments for Vehicle 1 17d. Care payments for Vehicle 2 17d. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Cherr. Specify: 17d. Specify: 17d. Cherr. Sp  | 6.  | Utiliti                                 | ies:  |          |                |                                       |
| 6c. Telephone, cell phone, Internet, satellitis, and cable services 6d. S. 20.00 7. Food and housekeeping supplies 7. \$ 555.00 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 8 00.00 9. Clothing, laundry, and dry cleaning 9. \$ 8 00.00 10. Personal care products and services 11. \$ 100.00 11. Medical and dental expenses 11. \$ 100.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 475.00 13. \$ 100.00 14. Transportation. Include gas, maintenance, bus or train fare. 15. Include car payments on the services on newspapers, magazines, and books 13. \$ 195.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance 15. Insurance 15. Health insurance deducted from your pay or included in lines 4 or 20. 15. Leath insurance 15. \$ 0.00 15. Vehicle insurance 400.00 15. Vehicle insurance 15. \$ 0.00 15. Vehicle insurance 15. \$ 0.00 15. Charitable contributions and religious donations 15. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Carp payments for Vehicle 2 17. \$ 0.00 17. Installment or lease payments: 17. Carp payments for Vehicle 2 17. \$ 123.87 17. Carp payments for Vehicle 2 17. \$ 123.87 17. Chart. Specily: 17. \$ 0.00 17. Oner. Specily: 17. \$ 0.00 17. Oner. Specily: 17. \$ 0.00 17. Oner. Specily: 17. \$ 0.00 18. Your payments of vehicle 2 17. \$ 0.00 19. Other insurance 10. \$ 0.00 19. Other insurance 10. \$ 0.00 19. Other specily: 17. \$ 0  | ٥.  |   |   | 6a.      | \$             | 95.00                                 |
| 6 d. Other, Specify.  7 Food and housekeeping supplies  8   |     | 6b.                                     | Water, sewer, garbage collection  | 6b.      | \$             | 25.00                                 |
| 7.   Sod and housekeeping supplies   7.   \$   \$55.00   8.   Childrag and childran's education costs   8.   \$   \$   \$   9.   Childrag and right of the selection costs   9.   \$   \$   \$   10.   Personal care products and services   10.   \$   \$   \$   \$   11.   Medical and dental expenses   11.   \$   \$   \$   \$   12.   Transportation, Include gas, maintenance, bus or train fare.   12.   \$   475.00   13.   Installment, cubes, recertion, newspapers, magazines, and books   13.   \$   \$   \$   \$   \$   14.   Charitable contributions and religious donations   14.   \$   \$   \$   \$   \$   15.   Installment, cubes, recertion, newspapers, magazines, and books   14.   \$   \$   \$   \$   \$   15. Installment, cubes, recertion, newspapers, magazines, and books   14.   \$   \$   \$   \$   \$   \$   \$   \$   \$  |     | 6c.                                     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | \$             | 120.00                                |
| 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. S   |     | 6d.                                     | Other. Specify:   | 6d.      | \$             | 0.00                                  |
| 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. S 50.00 12. Transportation. Include gas, maintenance, bus or train fare. 13. Enterfailment, clubs, recreation, newspapers, magazines, and books 13. S 195.00 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. S 109.00 15c. Vehicle insurance 15d. S 109.00 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or lines 4 or 20. 15d. Traxes. Do not include taxes deducted from your pay or lines 5 or 20.00 15d. Traxes. Do not include taxes deducted from your pay or lines 5 or 20.00 15d. Traxes. Do not included in lines 4 or 20. 15d. Traxes. Do not included in lines 4 or 20. 15d. Traxes. Do not included in lines 4 or 20. 15d. Traxes. Do not included in lines 4 or 20. 15d. Traxes. Do not included in lines 4 or 20. 15d. Traxes. Do not included i   | 7.  | Food                                    | and housekeeping supplies   | 7.       | \$             | 550.00                                |
| 10. Personal care products and services  11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare.  12. \$ 475.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 195.00  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance edecucted from your pay or included in lines 4 or 20.  15c. Vehicle insurance  15c. \$ 109.00  15d. Other insurance. \$ 15c. \$ 109.00  15d. Other Specify: \$ 17c. \$ 100.00  17d. Other. Specify: \$ 17c. \$ 100.00  17d. Other. Specify: \$ 17c. \$ 100.00  17d. Other. Specify: \$ 17c. \$ 100.00  17d. Other specify: \$ 17c. \$ 100.00  17d. Other specify: \$ 100.00  17d. Other spe   | 8.  | Child                                   | Icare and children's education costs  | 8.       | \$             | 0.00                                  |
| 11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  13. \$ 195.00  Abaritable contributions and religious donations  14. \$ 0.00  Abaritable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance deducted from your pay or included in lines 4 or 20.  15c. Vehicle insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. S 0.000  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. S 0.000  15d. Taxes. Do not include laxes deducted from your pay or included in lines 4 or 20.  Specify:  17e. Car payments for Vehicle 2 17a. \$ 242.53  17b. Car payments for Vehicle 2 17b. \$ 123.87  17c. Other. Specify:  17d. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106)).  18 S 0.000  Specify:  19. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  19. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  19. Other payments you make to support others who do not life with you.  19. Other payments you make to support others who do not life with you.  20a. Specify:  20b. Real estate taxes  20c. \$ 0.000  20c. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  21d. Maintenance, repair, and upkeep expenses  22a. Add lines 4 through 21.  22b. Calculate your monthly expenses from both your monthly expenses.  21d. Calculate your monthly expenses from pour monthly expenses.  22a. Calculate your monthly expenses from li  | 9.  | Cloth                                   | ning, laundry, and dry cleaning   | 9.       | \$             | 80.00                                 |
| 11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  13. \$ 195.00  Abaritable contributions and religious donations  14. \$ 0.00  Abaritable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance deducted from your pay or included in lines 4 or 20.  15c. Vehicle insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. S 0.000  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. S 0.000  15d. Taxes. Do not include laxes deducted from your pay or included in lines 4 or 20.  Specify:  17e. Car payments for Vehicle 2 17a. \$ 242.53  17b. Car payments for Vehicle 2 17b. \$ 123.87  17c. Other. Specify:  17d. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106)).  18 S 0.000  Specify:  19. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  19. Other payments of unknown, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  19. Other payments you make to support others who do not life with you.  19. Other payments you make to support others who do not life with you.  20a. Specify:  20b. Real estate taxes  20c. \$ 0.000  20c. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  21d. Maintenance, repair, and upkeep expenses  22a. Add lines 4 through 21.  22b. Calculate your monthly expenses from both your monthly expenses.  21d. Calculate your monthly expenses from pour monthly expenses.  22a. Calculate your monthly expenses from li  | 10. | Perso                                   | onal care products and services   | 10.      | \$             | 50.00                                 |
| Do not include car payments.  12. \$ 475.00 13. \$ 195.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance = 15b. \$ 0.00 15c. Vehicle insurance = 15b. \$ 0.00 15c. Vehicle insurance. Specify: 15c. \$ 109.00 15d. Other insurance. Specify: 15c. \$ 0.00 15d. Other insurance. Specify: 16c. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Cher. Specify: 17c. \$ 0.00 17d. Car payments for Vehicle 2 17c. \$ 0.00 17d. Cher. Specify: 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 17d. Other spayments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 17d. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 17d. \$ 0.00 17d. \$   | 11. |   |   | 11.      | \$             | 100.00                                |
| 13. Entertalimment, clubs, recreation, newspapers, magazines, and books 13. \$ 195.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 56.45 15b. Health insurance 15c. \$ 109.00 15c. Chile insurance 15c. \$ 109.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Chile insurance. Specify: 15d. \$ 0.00 15d. Chile insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17a. Car payments for Vehicle 1 17a. \$ 242.53 17b. Car payments for Vehicle 2 17b. \$ 123.87 17c. Cher. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other pay on line 5, Schedule I, Your Income (Official Form 106): 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses fron Debtor 2), if any, from Official Form 106J-2 22c. Calculate your monthly expenses fron line 22c above. 23a. Copy line 22 (monthly expenses fron line 22c above. 23b. \$ 3,319.85 23c. Subtract your monthly expenses fron wour monthly income. The result is your monthly income. The result is your monthly income in your expenses within the year or do you expect your montgage payment to increase or decrease because of a mooffication to the terms of your mortgage?  | 12. |   |   |          |                |                                       |
| 14. \$ 0.00  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. 15a. Life insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify:  15d. \$ 0.00  15c. Vehicle insurance. Specify:  16. \$ 0.00  17d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$ 0.00  17d. Installment or lease payments:  17a. Car payments for Vehicle 1  17a. \$ 242.53  17b. Car payments for Vehicle 2  17b. \$ 123.87  17c. Other. Specify:  17c. Other. Specify:  17d. S 0.00  17d. S 0.0  |     |   |   |          | ·              |                                       |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. \$ 109.00  15c. Vehicle insurance  15d. \$ 0.00  15d. Other insurance. Specify:  15d. \$ 0.00  15d. Other insurance. Specify:  15d. \$ 0.00  15d. Other insurance. Specify:  15d. \$ 0.00  15d. Specify:  15d. \$ 0.00  1   |     |   |   |          | ·              |                                       |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17b. Installment or lease payments: 17a. Car payments for Vehicle 2 17b. S 123.87 17c. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. S 0.000  17d. S 0.000  17d. Other. Specify: 17d. S 0.000  17d.   | 14. | Char                                    | itable contributions and religious donations  | 14.      | \$             | 0.00                                  |
| 15a. Life insurance 15b. Idealth insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Other insurance. 15d. Othe   | 15. |   |   |          |                |                                       |
| 15b. Health insurance 15c. Vehicle insurance 15c. S 109.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00  17d. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 242.53 17b. Car payments for Vehicle 2 17b. \$ 123.87 17c. Other. Specify: 17c. Other. Specify: 17d. S 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5. Schedule I., Your Income (Official Form 106I). 18. \$ 0.00  19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20a. \$ 0.00 20b. Specify: 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Calculate your monthly expenses 20e. \$ 0.00 20e. Calculate your monthly expenses 20e. \$ 0.00 20e. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22e. Add line 22a and 22b. The result is your monthly expenses form line 22c above. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 4,025.95 23b. Copy our monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your mon  |     |   |   | 150      | ¢.             | FO 45                                 |
| 15c. Vehicle insurance 15d. Other insurance. Specify:  15d. Specify:  15d. Specify:  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Cother. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other Specify:  17d. Other Specify:  18. \$  0.00  17d. \$  0.00   |     |   |   |          | '              |                                       |
| 15d. Other insurance. Specify:  15d. \$ 0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  16. \$ 0.00  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. S 123.87  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.  20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20. Other: Specify: IRS  21. +\$ 150.00  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly) expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Copy your monthly expenses from line 22c above.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from line 22c above.  23d. So you expect to linish paying for your car loan within the year after you file this form?  For example, do you expect to linish paying for your car loan within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?   |     |   |   |          | ·              |                                       |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 123.87 17c. Other. Specify: 17d. S 0.00 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Maintenance, repair, and upkeep expenses 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 21. +\$ 150.00 22. Calculate your monthly expenses 22a. Add lines 24 increase or Debtor 2), if any, from Official Form 106J-2 22c. Add lines 22 and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly net income. 23b. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly net income. 23d. Copy line 12 (your carbined monthly income) from Schedule I. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly net income. 23d. Subtrac  |     |   |   |          | *              |                                       |
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| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18. Specify: 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20e. Homeowner's association or condominium dues 20e. Specify: 21c. Hys. Specify: 22c. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 22a and 22b. The result is your monthly expenses. 23a. Calculate your monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23d. Specify: 23c. Subtract your monthly expenses from your monthly income. 23d. Specify: 24d. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year after you file this form? For example, do you expect to finish paying for your car loan within the year after your file this form? For example, do you expect to finish paying for your car loan within the year after you file this form? For example, do you expect to finish paying for your car loan within the year of o you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  | 17. |   |   | 170      | ¢              | 242.52                                |
| 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Specify: 20b. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 21d. Specify: 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Specify: 23b. Copy ur monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  |     |   | , ,   |          | *              |                                       |
| 17d. Other. Specify:  18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19 Other payments you make to support others who do not live with you.  Specify:  19  20 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20e. \$ 0.00  20e. Homeowner's association or condominium dues  20e. \$ 0.00  21. Other: Specify: IRS  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income)  23a. Copy your monthly expenses from line 22c above.  23b\$ 3,319.85  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  |     |   |   |          | ·              |                                       |
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| ☐ Yes.  | 24. | For exmodifi                            | cample, do you expect to finish paying for your car loan within the year or do you expect your r<br>cation to the terms of your mortgage?<br>D. |          |                | e or decrease because of a            |
|   |     | ☐ Ye                                    | es. Explain here:   |          |                |                                       |

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| Debtor     |  |   |   |
|------------|--|---|---|
|            | TTIIII GUI GUI GI  |   |   |
|            | First Name   | Middle Name Last Name   |   |
| Debtor     | - Itoxumo Emao   | kugel  Middle Name  Last Name   |   |
| (Spouse if | , ming) First Name   | Middle Name Last Name   |   |
| United     | States Bankruptcy Court for the  | : NORTHERN DISTRICT OF ILLINOIS   |   |
| Case n     |  |   |   |
| (if known) |  |   | ☐ Check if this is an   |
|            |  |   | amended filing  |
|            |  |   |   |
| Officia    | al Form 106Dec   |   |   |
| Dec        | <b>laration About</b>  | an Individual Debtor's Sche   | edules 12/15  |
|            |  | ner, both are equally responsible for supplying correct i   |   |
| obtainir   |  | ifile bankruptcy schedules or amended schedules. Mak<br>I in connection with a bankruptcy case can result in fin-<br>1519, and 3571 |   |
|            | <b>.</b>   | , 1010, and 0071.   |   |
|            | Sign Below   | , 1013, and 3071.   |   |
| Di         | Sign Below   | neone who is NOT an attorney to help you fill out bankr   | uptcy forms?  |
| Di         | Sign Below   |   | uptcy forms?  |
|            | Sign Below d you pay or agree to pay son   |   |   |
| Di         | Sign Below d you pay or agree to pay son   |   | uptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                                  |
|            | Sign Below  d you pay or agree to pay son  |   | Attach Bankruptcy Petition Preparer's Notice,   |
| Un         | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar   |   | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)   |
| ■<br>Unc   | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar t they are true and correct.  | neone who is NOT an attorney to help you fill out bankr   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  th this declaration and                       |
| ■<br>Unc   | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar t they are true and correct.  /s/ William Gerald Lindek                           | neone who is NOT an attorney to help you fill out bankr<br>re that I have read the summary and schedules filed wit                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  th this declaration and  ndekugel             |
| ■<br>Unc   | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar to they are true and correct.  /s/ William Gerald Lindek William Gerald Lindekuge | neone who is NOT an attorney to help you fill out bankr re that I have read the summary and schedules filed wit                     | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  th this declaration and  ndekugel             |
| ■<br>Unc   | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar t they are true and correct.  /s/ William Gerald Lindek                           | neone who is NOT an attorney to help you fill out bankr<br>re that I have read the summary and schedules filed wit                  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  th this declaration and  ndekugel             |
| ■<br>Unc   | Sign Below  d you pay or agree to pay son  No  Yes. Name of person  der penalty of perjury, I declar to they are true and correct.  /s/ William Gerald Lindek William Gerald Lindekuge | neone who is NOT an attorney to help you fill out bankr re that I have read the summary and schedules filed wit                     | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  th this declaration and  ndekugel ekugel or 2 |

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| Debtor 1  Debtor 2 (Spouse if, filing)                                      | William Gerald Line  | dokugol   |   |                                      |
|---|--|---|---|--------------------------------------|
| (Spouse if, filing)   | First Name   | Middle Name   | Last Name   |                                      |
|   | Roxanne Lindekug   | el Middle Name  | Lost Name   |                                      |
|   |  |   | Last Name   |                                      |
| United States Ba  | ankruptcy Court for the:   | NORTHERN DISTRICT OF ILL                                      | LINOIS  |                                      |
| Case number _   |  |   |   | ☐ Check if this is an amended filing |
| Official Fo   |  | fairs for Individua   | ils Filing for Bankruptcy   | 4/10                                 |
| information. If n<br>number (if know  | more space is needed, att<br>vn). Answer every questio                         | ach a separate sheet to this f                                | ling together, both are equally responsible form. On the top of any additional pages,   |                                      |
|   | ur current marital status?   | ai Status and Where Tou Live                                  | u beiore  |                                      |
| ■ Married   | <b>-</b>   |   |   |                                      |
| 2. During the l   | last 3 years, have you live  | ed anywhere other than where                                  | e you live now?   |                                      |
| □ No  |  |   |   |                                      |
| _   | st all of the places you live  | d in the last 3 years. Do not incl                            | lude where you live now.  |                                      |
| Debtor 1 P  | Prior Address:   | Dates Debtor 1<br>lived there                                 | Debtor 2 Prior Address:   | Dates Debtor 2<br>lived there        |
| 90 Woodl<br>Apt 1302<br>Gurnee, II  | 2  | From-To:<br><b>2/2016 - 2/2018</b>                            | Same as Debtor 1  | ■ Same as Debtor 1 From-To:          |
| 855 Hinm<br>Apt 215<br>Evanston   | nan Ave<br>ı, IL 60202   | From-To:<br><b>4/2012 - 3/2016</b>                            | Same as Debtor 1  | ■ Same as Debtor 1 From-To:          |
|   |  |   | quivalent in a community property state o<br>, New Mexico, Puerto Rico, Texas, Washing  |                                      |
| states and territor   | ake sure you fill out Sched  | ule H: Your Codebtors (Official                               | Form 106H)  |                                      |
| states and territor No Yes. Ma  | •  | ule H: Your Codebtors (Official                               | Form 106H).   |                                      |
| states and territor No Yes. Ma  | lake sure you fill out Sched   | ,   | Form 106H).   |                                      |
| No Yes. Ma Part 2 Expla  4. Did you have Fill in the tot                    | ain the Sources of Your Inve any income from emploital amount of income you re | oyment or from operating a beceived from all jobs and all bus | Form 106H).  Dusiness during this year or the two previousinesses, including part-time activities. ether, list it only once under Debtor 1. | ous calendar years?                  |
| No Yes. Ma  Part 2 Expla  4. Did you have Fill in the total If you are fili | ain the Sources of Your Inve any income from emploital amount of income you re | oyment or from operating a beceived from all jobs and all bus | ousiness during this year or the two previ  | ous calendar years?                  |

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Debtor 1 William Gerald Lindekugel Debtor 2 Roxanne Lindekugel

Case number (if known)

| Sources of income Check all that apply.  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Operating a business  wages, commissions, bonuses, tips Operating a business  come during this year or the two mether that income is taxable. Expensions; rental income; intercase and you have income that   | camples of other income are a<br>erest; dividends; money collect<br>you received together, list it of   | limony; child support; Social S<br>ted from lawsuits; royalties; ar<br>only once under Debtor 1.   |   |
|--|---|--|---|
| ■ Wages, commissions, bonuses, tips □ Operating a business ■ Wages, commissions, bonuses, tips □ Operating a business ■ Wages, commissions, bonuses, tips □ Operating a business ■ Operating a business | \$41,713.00 \$39,639.00  o previous calendar years? camples of other income are a erest; dividends; money collect you received together, list it of   | bonuses, tips  Operating a business  Wages, commissions, bonuses, tips Operating a business  Wages, commissions, bonuses, tips Operating a business  Ilimony; child support; Social Sted from lawsuits; royalties; aronly once under Debtor 1.   | \$0.00<br>\$11,872.00<br>Security, unemployment,  |
| Wages, commissions, bonuses, tips  Operating a business  Wages, commissions, bonuses, tips  Operating a business  Ome during this year or the tweether that income is taxable. Exits; pensions; rental income; intercase and you have income that  | \$39,639.00  o previous calendar years? camples of other income are a erest; dividends; money collect you received together, list it of   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business ☐ Wages, commissions, bonuses, tips ☐ Operating a business ☐ Ilimony; child support; Social Sted from lawsuits; royalties; an only once under Debtor 1.   | \$11,872.00 Security, unemployment,   |
| bonuses, tips  Operating a business  Wages, commissions, bonuses, tips Operating a business  Ome during this year or the two mether that income is taxable. Exits; pensions; rental income; intercase and you have income that   | \$39,639.00  o previous calendar years? camples of other income are a erest; dividends; money collect you received together, list it of   | bonuses, tips  Operating a business  Wages, commissions, bonuses, tips Operating a business  Ilimony; child support; Social Sited from lawsuits; royalties; aronly once under Debtor 1.  | \$11,872.00 Security, unemployment,   |
| Wages, commissions, bonuses, tips  Operating a business  Ome during this year or the tweether that income is taxable. Exits; pensions; rental income; intercase and you have income that   | o previous calendar years?<br>camples of other income are a<br>erest; dividends; money collec<br>you received together, list it c   | ■ Wages, commissions, bonuses, tips □ Operating a business  llimony; child support; Social Sted from lawsuits; royalties; aronly once under Debtor 1.  | Security, unemployment,   |
| bonuses, tips  Operating a business  Ome during this year or the tweether that income is taxable. Exists; pensions; rental income; intercase and you have income that  | o previous calendar years?<br>camples of other income are a<br>erest; dividends; money collec<br>you received together, list it c   | bonuses, tips  Operating a business  limony; child support; Social S ted from lawsuits; royalties; ar only once under Debtor 1.  | Security, unemployment,   |
| ome during this year or the tw<br>nether that income is taxable. Ex<br>nts; pensions; rental income; inte<br>case and you have income that   | camples of other income are a<br>erest; dividends; money collect<br>you received together, list it of   | limony; child support; Social S<br>ted from lawsuits; royalties; ar<br>only once under Debtor 1.   |   |
| nether that income is taxable. Ex<br>hts; pensions; rental income; inte<br>case and you have income that   | camples of other income are a<br>erest; dividends; money collect<br>you received together, list it of   | limony; child support; Social S<br>ted from lawsuits; royalties; ar<br>only once under Debtor 1.   |   |
|  |   |  |   |
| Debtor 1   |   | Debtor 2   |   |
| Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of income<br>Describe below.   | Gross income<br>(before deductions<br>and exclusions)   |
|  | \$218.00  |  |   |
|  | \$0.00  | Social Security  | \$7,590.00  |
| State Tax Return   | \$140.00  |  |   |
|  | \$0.00  | Social Security  | \$17,868.00   |
|  | \$5,000.00  |  |   |
|  | \$0.00  | Social Security<br>Benefits  | \$11,000.00   |
|  | Sources of income Describe below.  State Tax Return  State Tax Return  Illinois Lottery  You Made Before You Filed for or 2's debts primarily consume or Debtor 2 has primarily consume or a personal, family, or househousefore you filed for bankruptcy, one 7.  Tow each creditor to whom you page | Sources of income Describe below.  State Tax Return  State Tax Ret | Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  \$140.00 Social Security  State Tax Return  \$140.00  Social Security  Illinois Lottery  \$5,000.00  \$0.00 Social Security  \$140.00  \$0.00 Social Security  \$5,000.00  \$0.00 Social Security  \$140.00  \$0.00 Social Security  \$140.00  \$0.00 Social Security  \$140.00  \$0.00 Social Security  \$140.00  \$140.00  \$15,000.00 |

Entered 05/29/18 16:31:52 Case 18-15440 Doc 1 Filed 05/29/18 Desc Main Page 38 of 59 Document William Gerald Lindekugel Debtor 1 Debtor 2 Roxanne Lindekugel Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount vou Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount vou Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

No

☐ Yes Official Form 107

Yes. Fill in the details.

Creditor Name and Address

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Amount

Date action was

taken

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Debtor 2 Roxanne Lindekugel Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Tomei Law, P.C. **Attorney Fees** 5.9.2018, \$1,750.00 223 N. IL Rt. 21, Suite 14 5.18.2018 Gurnee, IL 60031 robert@tomeilawfirm.com **CC** Advising \$20.00 Pre-petition credit counseling for both May 9, 2018 700 Washington Ave., Suite 200 debtors Bay City, MI www.ccadvising.com

William Gerald Lindekugel

Debtor 1

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Debtor 1 William Gerald Lindekugel
Debtor 2 Roxanne Lindekugel

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors  Do not include any payment or transfer that you I  No  Yes. Fill in the details.  | or to make payments  |                             |                 | r transfer any propei                               | rty to anyone who                             |
|-----|---|--|-----------------------------|-----------------|---|---|
|     | Person Who Was Paid<br>Address  | Description and va<br>transferred                                | alue of any prope           | erty            | Date payment or transfer was made                   | Amount of payment                             |
|     | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.  Person Who Received Transfer | siness or financial affai<br>e as security (such as th           | irs?<br>ne granting of a se | ecurity interes |   |   |
|     | Address Person's relationship to you  | property transferre  |                             |                 | received or debts                                   | made  |
|     | Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No Yes. Fill in the details.   |  | property to a so            | elf-settled tru | st or similar device o                              | of which you are a                            |
|     | Name of trust   | Description and va   | alue of the prope           | erty transferre | ed  | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Instr   | ruments, Safe Deposit  | Boxes, and Stor             | age Units       |   |   |
|     | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa  No Yes. Fill in the details.  | other financial accoun   | ts; certificates o          | f deposit; sh   |   |   |
|     |   | Last 4 digits of account number                                  | Type of accoun instrument   | clo<br>mo       | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  No Yes, Fill in the details.  | ar before you filed for  | bankruptcy, any             | safe deposit    | box or other deposi                                 | tory for securities,                          |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acce<br>Address (Number, State and ZIP Code)        |                             | Describe the o  | contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  No Yes. Fill in the details.   | place other than your  | home within 1 ye            | ear before yo   | u filed for bankruptc                               | y?  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or has to it?  Address (Number, State and ZIP Code) |                             | Describe the o  | contents  | Do you still have it?                         |

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Debtor 1 William Gerald Lindekugel
Debtor 2 Roxanne Lindekugel

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for  | Someone Else  |  |                       |  |  |  |
|-----|---|---|--|-----------------------|--|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty you borrowed from, are storing fo  | r, or hold in trust   |  |  |  |
|     | No  |   |  |                       |  |  |  |
|     | Yes. Fill in the details.   |   |  |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                  | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Inform   | ation   |  |                       |  |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |  |                       |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun                                     | - ·                                    |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  |   | law, whether you now own, operate,     | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |   | s waste, hazardous substance, toxic    | substance,            |  |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n they occurred.                       |                       |  |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                     | e under or in violation of an environm | ental law?            |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |  |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |  |  |  |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any env   | ironmental law? Include settlements    | and orders.           |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                     | Status of the case    |  |  |  |
| Par | t 11: Give Details About Your Business or Cor   | nnections to Any Business   |  |                       |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have a  | ny of the following connections to an  | y business?           |  |  |  |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity                                      | , either full-time or part-time        |                       |  |  |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnersh                                      | nip (LLP)                              |                       |  |  |  |
|     | ☐ A partner in a partnership  |   |  |                       |  |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |  |                       |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |  |                       |  |  |  |

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|                   | otor 1 William Gerald Lindekugel Notor 2 Roxanne Lindekugel  |  | Case number (if known)  |
|-------------------|--|--|---|
|                   | ■ No. None of the above applies. Go to F   | Part 12.   |   |
|                   | ☐ Yes. Check all that apply above and fill   | in the details below for each business.  |   |
|                   | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper  | Employer Identification number Do not include Social Security number or ITIN.   |
|                   |  |  | Dates business existed  |
| 28.               | Within 2 years before you filed for bankrupt institutions, creditors, or other parties.  No Yes. Fill in the details below.                                      | cy, did you give a financial statement to  | anyone about your business? Include all financial   |
|                   | Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Date Issued  |   |
| Par               | t 12: Sign Below   |  |   |
| are to with 18 U  | true and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>I.S.C. §§ 152, 1341, 1519, and 3571.<br>William Gerald Lindekugel | false statement, concealing property, o<br>\$250,000, or imprisonment for up to 20<br>/s/ Roxanne Lindekugel | I I declare under penalty of perjury that the answers robtaining money or property by fraud in connection years, or both. |
|                   | lliam Gerald Lindekugel  | Roxanne Lindekugel   |   |
| Sig               | nature of Debtor 1   | Signature of Debtor 2  |   |
| Dat               | e <u>May 29, 2018</u>  | Date <u>May 29, 2018</u>   |   |
| Did<br>■ N<br>□ Y | •  | ent of Financial Affairs for Individuals Fi  | ling for Bankruptcy (Official Form 107)?  |
| <b>=</b> N        |  | t an attorney to help you fill out bankrup   |   |

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| Debtor 1                        | William Gerald Li        | indekugel         |             |                                      |
|---------------------------------|--------------------------|-------------------|-------------|--------------------------------------|
|                                 | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2                        | Roxanne Lindeku          | ugel              |             |                                      |
| Spouse if, filing)              | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba<br>Case number | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| (if known)                      |                          |                   |             | ☐ Check if this is ar amended filing |

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Ally Financial name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  2010 Nissan Versa 98,700 miles Vehicle: Estimated value is based on Kelly Blue Book private party value. | ■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:                          | ■ Yes   |
| Creditor's Pnc Bank name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  2011 Ford Fusion 78,500 miles Vehicle: Fair market value listed is based on KBB private party.           | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes   |

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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|     | otor 1<br>otor 2          |              | Seraid Lindekugei<br>Lindekugel  |                        |                  | Case number (if known)        |     |                            |
|-----|---------------------------|--------------|--|------------------------|------------------|-------------------------------|-----|----------------------------|
| Les | sor's n                   | ame:         | Antioch Manor Apartmer   | nts                    |                  |                               |     | No                         |
|     |                           |              |  |                        |                  |                               |     | Yes                        |
|     | scriptioi<br>perty:       | n of leased  | Residential leasehold ag<br>#201, Antioch, IL 60002 f<br>running from February 1 | or \$915.00 per mont   | h re             | _                             |     |                            |
| Par | t 3:                      | Sign Below   | ,  |                        |                  |                               |     |                            |
|     | •                         |              | ury, I declare that I have indica<br>ect to an unexpired lease.                  | ated my intention abou | t an             | property of my estate that se | cur | es a debt and any personal |
| Χ   | /s/ W                     | /illiam Ge   | rald Lindekugel  | X                      | /s/              | Roxanne Lindekugel            |     |                            |
|     | William Gerald Lindekugel |              |  | Ro                     | xanne Lindekugel |                               |     |                            |
|     | Signa                     | ature of Deb | tor 1  |                        | Sig              | nature of Debtor 2            |     |                            |
|     | Date                      | May 2        | 29, 2018   | Da                     | te               | May 29, 2018                  |     |                            |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-15440 Doc 1 Filed 05/29/18 Entered 05/29/18 16:31:52 Desc Main Document Page 49 of 59

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In 1 | re       | William Gerald Lindekugel<br>Roxanne Lindekugel   |   | Case No.  |                                     |
|------|----------|---|---|---|-------------------------------------|
|      |          | Troxamo Emacrago.   | Debtor(s)   | Chapter   | 7                                   |
|      |          | DISCLOSURE OF COMPENSAT   | TION OF ATTOI   | DNEV EOD DE   | 'RTOD(S)                            |
|      |          |   |   |   | . ,                                 |
| 1.   | cor      | suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in  | e petition in bankruptcy.   | or agreed to be paid  | to me, for services rendered or to  |
|      |          | For legal services, I have agreed to accept   |   | \$  | 1,750.00                            |
|      |          | Prior to the filing of this statement I have received   |   | \$  | 1,750.00                            |
|      |          | Balance Due   |   | \$  | 0.00                                |
| 2.   | The      | source of the compensation paid to me was:  |   |   |                                     |
|      |          | ■ Debtor □ Other (specify):   |   |   |                                     |
| 3.   | The      | source of compensation to be paid to me is:   |   |   |                                     |
|      |          | ■ Debtor □ Other (specify):   |   |   |                                     |
| 4.   |          | I have not agreed to share the above-disclosed compensation   | n with any other person   | unless they are memb  | pers and associates of my law firm. |
|      |          | I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of   |   |   |                                     |
| 5.   | In       | return for the above-disclosed fee, I have agreed to render le  | gal service for all aspect  | s of the bankruptcy c   | ase, including:                     |
|      | b.<br>c. | Analysis of the debtor's financial situation, and rendering ad<br>Preparation and filing of any petition, schedules, statement of<br>Representation of the debtor at the meeting of creditors and<br>[Other provisions as needed]  Negotiations with secured creditors to reduce<br>motions pursuant to 11 USC 522(f)(2)(A) for a | of affairs and plan which<br>confirmation hearing, and<br>to market value; except | n may be required;<br>and any adjourned hear<br>emption planning; | rings thereof;                      |
| 6.   | Ву       | agreement with the debtor(s), the above-disclosed fee does need to be a Representation of the debtors in any dischargany other adversary proceeding.  |   |   | es, relief from stay actions or     |
|      |          | CEF   | RTIFICATION   |   |                                     |
| this |          | rtify that the foregoing is a complete statement of any agree cruptcy proceeding.   | ment or arrangement for   | payment to me for re  | epresentation of the debtor(s) in   |
|      | May      | 29, 2018  | /s/ Robert J. Tom   | ei Jr.  |                                     |
|      | Date     |   | Robert J. Tomei Signature of Attorne  |   |                                     |
|      |          |   | Tomei Law, P.C.   |   |                                     |
|      |          |   | 223 N. IL Rt. 21, 5<br>Gurnee, IL 60031   |   |                                     |
|      |          |   | 847-596-7494 Fa   | x: 847-589-2263   |                                     |
|      |          |   | robert@tomeilaw Name of law firm  | firm.com  |                                     |
|      |          |   | 11ame of taw film   |   |                                     |



223 N Illinois Rt. 21, Suite 14 Gurnee, Illinois 60031 PHONE: 847.596.7494; FAX: 847.589.2263

### **Bankruptcy Retainer Agreement**

## OUR LAW FIRM IS A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

In consideration for services to be rendered to the undersigned ("Client") by Robert J. Tomei Jr. ("Attorney") in connection with the representation of Client regarding bankruptcy matters, Client, agrees as follows:

- 1. Client understands that there are essentially four (4) Chapters of the Bankruptcy Code under which Client may seek relief:
  - a. Chapter 7 Liquidation (Individuals and Corporations)
  - Chapter 11 Protection and reorganization for Individuals and Business Corporations
  - c. Chapter 12 Family Farm or Fishermen
  - d. Chapter 13 Wage Earners Plan
- U.S. bankruptcy laws require that your financial information be subjected to a "Means Test" to determine your eligibility to file a bankruptcy case. Attorney cannot assure you in advance of the outcome of this Means Test, as it requires a complete review of your financial records and potential challenges from the U.S. Trustee.
- 2. Client understands that Client will be charged and agrees to pay all fees and costs in connection with Attorney's representation of the Client regarding the Client's bankruptcy matters prior to the filing of Client's case, with at a minimum, half due upon the retention of attorney's services, including without limitation, attorney's fees and court costs, as set forth below. In the event client does not pay for attorney's services in full upon retention, Client shall be under a continued obligation to make monthly payments towards Client's installment account in an amount agreed upon between Attorney and Client, but at no less than \$100.00 per month.
  - A. For those clients passing the Means Test (and for those where the Means Test is inapplicable):
    - Chapter 7 Individual with only consumer debt:
       Minimum Fee: \$1,550.00 (attorney fee) + \$335 (filing fee) = \$1,885.00.
    - Chapter 7 Joint Bankruptcy with only consumer debt:
       Minimum Fee: \$1,750.00 (attorney fee) + \$335 (filing fee) = \$2,085.00.
    - Chapter 7 Individuals with business debts or over 50 creditors or Corporations:
       Minimum Fee: \$1,950.00 (attorney fee) + \$335.00 Filing fee = \$2,285.00.
    - Chapter 7 Joint Bankruptcy with business debts or over 50 creditors or Corporations:

**Minimum Fee**: \$1,950.00 (attorney fee) + \$335.00 Filing fee = \$2,285.00.

- Chapter 11 Small Business (9 or less employees or under 25 creditors) Minimum Fee: \$5,000.00 (attorney fee) + \$1,717 filing fee + \$175.00 per hour over 25 hours = \$6.717.00.
- Chapter 11 Large Business (10 or more employees) Minimum Fee: \$8,000.00 (attorney fee) + \$1,717.00 filing fee + \$175.00 per hour over 75 hours = \$9,717.00.
- Chapter 13 Wage Earner's Plan Minimum Fee: \$3,000.00 (attorney fee) + \$310.00 filing fee = \$3,310.00. (Fee negotiated upward if business assets are involved.)
- Additional Fees may apply in the event that: Client(s) owns a business. For each business association, there will be another \$375.00 charge).
- B. Filing Fee Waiver Request: Should a filing fee waiver be requested and the filing fee not be included in the initial payment, and said request be denied by the court, Client acknowledges that s/he will be ordered to make installment payments according to the payment schedule provided by the court and that any prior down payment will not include filing fees.
- C. Filing Fee Installment Payment Request: Client acknowledges that it is his/her responsibility to make the installment payments to the Clerk of the Bankruptcy Court. Client understands that should the Clerk not receive installment payments according to the schedule provided for in the Form 3A Filing Fee Installment Request Order, Client's case may be dismissed.

Client acknowledges that filing fee installment payments must be rendered according to the following guidelines: (1) Made via cashier's check, certified check, or money order. The Bankruptcy Clerk **DOES NOT** accept personal checks; (2) In 4 (four) equal amounts of \$83.75 according to the Form 3A Installment Filing Fee request Order, or a balance payoff should Client choose; (3) Made Payable to "Clerk, U.S. Bankruptcy Court", with Client's Bankruptcy case number in the memo line; (4) Sent Certified USPS to the US Bankruptcy Court, Eastern Division, 219 S. Dearborn, Chicago, IL 60604;

- D. Filing Fee Increases: Client understands and acknowledges that, from time to time, the United States Bankruptcy Court may periodically increase the filing fee(s) in connection with a bankruptcy filing under each Chapter. Client further understands and acknowledges that, should any such increase take place subsequent to entering into this Agreement and directly affect the Chapter that Client has retained Attorney's services for, Client is responsible for paying the difference of the increase to Attorney upon demand.
- Client is responsible for paying the difference of the increase to Attorney upon demand.

  E. A retainer of \$ 1000. was paid on \$ 9/2016. A retainer is an advance payment for Attorney services and the expenses Attorney may incar on Clients behalf and does not (unless otherwise specified) cover the court filing fee. Client understands that such amount will be credited against any amount Client owes Attorney and to the extent consumed by accrued attorney's fees and costs, will not be refunded regardless if Client decides to cancel filing of the bankruptcy petition or not.

As explicitly discussed before entering into this arrangement, Attorney has determined that Client's interests in this matter and the nature of the matter in which Attorney has been retained are best served by the 'advance payment retainer' and so Attorney requires such payment in this engagement.

The retainer fee will **not** be held in a separate trust account, and becomes the property of Attorney, upon payment. As an alternative to the advanced payment retainer, the client could place money in a security retainer (i.e., escrow account) with the attorney to secure payment of fees in the future. This is a client choice if desired. The client is advised that the attorney could not represent client in this case without an 'advanced payment retainer' however, as the 'advanced payment retainer' is necessary to mitigate attorneys' exposure to risk in this matter. Therefore, Attorney has selected this method because he feels it is better suited to the client's ability to

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pay for services rendered, which is the primary reason it is being used in this case.

Client acknowledges that an 'advanced payment retainer' is recognized and approved under Illinois law as a present payment by you to Attorney, in exchange for Attorney's commitment to provide legal services to Client. As discussed above, ownership of this sum passes to Attorney immediately upon receipt of Client's advance payment retainer, and therefore the funds will not be held in a client trust account.

- Client understands that if any check given in payment to Attorney is returned for insufficient F. funds, Client agrees to immediately pay Attorney a \$40.00 fee in addition to the amount of the returned check. This payment and any future payments must therefore be made in cash, money order or debit card.
- In the event that Attorney is instructed or otherwise required to perform additional services in addition to those set forth in Paragraph 5 below, the following hourly rates shall apply: Robert J. Tomei Jr., \$335.00. This hourly rate shall be billed out in 1/10 per hour increments, or every 6 minutes.
- Attorney reserves the right to withdraw from Client representation if, among other things, Client 3. fails to honor the terms of this Agreement, including non-payment of attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all attorneys in this state. If a Client, in the course of representation by an attorney, perpetrates a fraud upon any person or tribunal, the attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the attorney is required to reveal the fraud to the affected person or tribunal. Attorney may also terminate representation with Client(s)'s consent, or for cause, including: Client(s)'s failure to pay fees when due; Client(s) is in breach of this Contract; Client(s) is unresponsive or uncooperative; or circumstances would render Attorney's continuing representation unlawful or unethical. Client acknowledges that once the bankruptcy case is filed, Attorney's representation of Client(s) continues through the time Client(s) receives a discharge (except regarding violations of the permanent injunction as provided for in 11 USC § 524), the case is dismissed, the case is converted, or the Bankruptcy Court approves Attorney's withdrawal from representation. Client(s) may terminate Attorney's representation at any time.
- Client(s) agrees to: Discuss with Attorney the Client(s)'s objectives in filing the case; Provide Attorney with full, accurate and timely information, financial or otherwise, including properly documented proof of income and two (2) years of tax returns; Cooperate with Attorney in preparing all required bankruptcy papers and documents, thoroughly reviewing drafts of documents, and promptly advising Attorney of corrections or additions needed; Timely provide Attorney with any additional documents requested by the bankruptcy trustee or other parties in interest; Notify Attorney of any change in address or telephone number; Appear punctually at the meeting of creditors with a picture identification card and proof of social security number; Comply with all orders of the Bankruptcy Court; and Complete the required instructional course in personal financial management. Failure of Client(s) to cooperate fully with Attorney or comply with any request of the bankruptcy trustee or court order may result in Attorney filing a motion with the Bankruptcy Court to withdraw from representation of Client(s).
- Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen, Client acknowledges and understands that Attorney has made no promises or guarantees to Client concerning the outcome and is unable do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee. — On condition clients accomplish all tasks Attorney cossigns them in a timely examiner, including paying free infull unleast 4-2 of this greatest, Attorney will—6. Client agrees that Attorney may discard Client records within seven (7) years of the completion of

the Client's bankruptcy case. endeaver to have Ease filed on or totere 5/31/18.

7. Attorney shall provide Client with the following services:

Review and analyze Clients financial circumstances based on information provided by

Client.

- b. If possible and to the extent possible, based on the information provided by Client, advise Client of the Client's options, including but not limited to bankruptcy options.
- c. Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.
- d. Advise Client of the appropriate requirements in connection with the filing of a bankruptcy case, including the duties of Client connected with such filing.
- e. Quote the Client an estimated fee, to the extent possible given the information provided by Client, for the attorney's service relative to providing bankruptcy assistance or other legal services to Client.
- f. Assuming that a U.S. Bankruptcy proceeding is filed, attorney services will include all typical attorney required participation in such proceeding, including but not limited to, appearances at Court hearings, preparation of legal memoranda, and communication with opposing counsel and parties.
- g. If Client's proceeding requires additional, but not customary work, Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.
- 8. Client acknowledges his/her obligation to make full and complete disclosure of all assets and all liabilities, and to provide all documents and information requested by the attorney, before the bankruptcy petition can be prepared and filed with the court.
- 9. Client acknowledges that he/she must attend pre-petition credit counseling before the bankruptcy petition can be filed. Client understands that he/she must also attend post-petition counseling after the bankruptcy petition is filed and within the time frame allowed by statute. Client acknowledges that the bankruptcy cannot be filed without the certificate of completion of the pre-bankruptcy credit counseling. Client understands that no discharge of debts will be issued if the post-bankruptcy credit counseling is not completed within the statutory time frame. Fees for all counseling services are the responsibility of the Client and are NOT INCLUDED in the retainer fee.
- 10. Client acknowledges that Attorney does not represent Client in any other type of case, lawsuit or proceeding other than Client's bankruptcy case. The attorney may make a special appearance in a court, other than the Bankruptcy Court, for the purpose of filing a notification of Client's bankruptcy proceedings, and to suggest to another court that Client's proceedings should be stayed. Sending or receiving any summons or complaint, or notifying the attorney of a pending lawsuit does not obligate Attorney to represent Client in that lawsuit or before that court. Any representation of Client in a state court proceeding, including without limitation: collection lawsuits, foreclosure lawsuits, and etc., is not included in this Bankruptcy Retainer Agreement. Any referral made to another attorney to represent Client is a courtesy only. The attorney is not associated with any other attorney outside of the undersigned attorney's law offices.
- 11. Client acknowledges that Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to Attorney in writing. Failure to do so may result in unscheduled debts subject to non-dischargeability. Additionally, Client shall incur an additional fee of \$30.00 to the court, as well as additional fees to Attorney for additional services in connection with filing of amendments to Creditor lists as a result of Client's failure to provide sufficient creditor information prior to filing. Also, Client hereby authorizes Attorney to pull a copy of Client's credit report from CIN Legal Data Services.
- 12. Client agrees that the following matters are not included within the scope of this Bankruptcy Retainer Agreement. Client agrees that, as to the matters listed below, Attorney will not take any action on Client's behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:

- a. Motions to revoke a discharge.
- b. Removal of a pending action in another court.
- c. Obtaining title reports.
- d. The determination of real estate or tax liens.
- e. Appeals to the BAP, District Court of Court of Appeals.
- f. Correcting credit reports.
- g. Obtaining credit reports.
- h. Negotiations with Check Systems regarding Client.
- i. Motions to Dismiss Client's bankruptcy case filed by the Trustee, U.S. Trustee, or any creditor.
- j. Any adversary proceeding filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargeability of debts.
- k. Preparing reaffirmation agreements, negotiating the terms of reaffirmation agreements proposed by creditors, motions to redeem personal property, and negotiating reaffirmation agreements when Client's income is not sufficient to rebut the presumption of undue hardship and special circumstances do not warrant the signing of a reaffirmation agreement.
- 1. Motion to impose or extend the bankruptcy stay.
- 13. Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Client's bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy. Client further understands that the list of non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.
  - a. Certain types of taxes, custom duties, or debts to pay taxes or custom duties.
  - b. Student loans.
  - c. Debts owed for spousal or child support.
  - d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.
  - e. Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
  - f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
  - g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
  - h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
  - i. Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzlement or larceny.
  - j. Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
  - k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat, or aircraft while intoxicated by drugs or alcohol.
- 14. Client understands that filing bankruptcy does not automatically discharge or remove liens from any real estate, nor does it automatically discharge or remove any liens from personal property such as automobiles. Client agrees that Attorney will not take any action to avoid (remove) any lien on real estate or personal property unless Client specifically authorizes Attorney to do so in writing. Client agrees that Attorney will rely on Client's statements concerning ownership of real property and any liens attached to Client's real property. Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Client

wishes to obtain one. Additionally, Client agrees and acknowledges that should Client wish to retain property secured by a lien of any kind, Client must continue making voluntary payments to the Creditor holding such lien through whatever means available to the Client, up to and including sending payment to the creditor in the form of check or money order via US Mail. Client agrees to hold Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Clients property.

- 15. Client understands that individuals who file for relief under the U.S. bankruptcy laws are subject to audits by the U.S. Trustee. If Client's case is selected for an audit, Client agrees to pay Attorney the customary hourly rate for representing Client in such audit.
- days from the first date Attorney is retained to finalize the bankruptcy petition and schedules due to additional due diligence and other update work required to finalize the bankruptcy. In conjunction with potential additional fees, Client understands that Attorney cannot guarantee Client's asset, income, and means testing analyses provided at the outset of representation would still be applicable, in the event Client has a change in circumstances with respect to, including, but not limited to, income, assets, and or reduced monthly expenses.
- 17. Client authorizes Attorney to share Client's collection letters, and other debt related materials, including, but not limited to credit reports and telephone records, with outside counsel, at no additional cost to Client, for purposes of ascertaining whether Client has any viable claims under the Fair Debt Collection Practices Act.
- 18. Credit and Information Release, Client acknowledges and authorizes Attorney to obtain a consumer report and/or financial and credit information in connection with representations in this matter. By Client's signature below, Client hereby authorizes, without any reservation, any credit-reporting agency, information service bureau, institution, attorney, or insurance company contacted by Attorney or its agents, to furnish a credit report, other financial, credit or legal information, information concerning liens and judgments against Client and other information requested as part of the representation, and the authorization is valid for purposes of gathering credit information pursuant to the representation recited herein.
- 19. Client acknowledges that Client has read and understands all the terms contains in this Bankruptcy Retainer Agreement and that, whether written, spoken, recorded or transcribed by any other means, no other terms are made part of this Bankruptcy Retainer Agreement. Client is in agreement with the terms of this agreement and has signed on the signature lines below. Client further acknowledges that Client has received a copy of this Bankruptcy Retainer Agreement.

Dated: 5/1/18

Client Signature

Botanne Lindekuge

Client Spouse Signature

Client Printed Name

ROXANNE LINDERUGEC

Client Spouse Printed Name

Robert J. Tomei Jr.

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### United States Bankruptcy Court Northern District of Illinois

| In re | William Gerald Lindekugel<br>Roxanne Lindekugel |   | Case No.         |                           |
|-------|---|---|------------------|---------------------------|
|       |   | Debtor(s)   | Chapter          | 7                         |
|       | VEF   | RIFICATION OF CREDITOR M  | ATRIX            |                           |
|       |   | Number of   | Creditors: _     | 20                        |
|       | The above-named Debtor(s) l (our) knowledge.    | nereby verifies that the list of credit                                     | tors is true and | correct to the best of my |
| Date: | May 29, 2018                                    | /s/ William Gerald Lindekugel William Gerald Lindekugel Signature of Debtor |                  |                           |
| Date: | May 29, 2018                                    | /s/ Roxanne Lindekugel Roxanne Lindekugel                                   |                  |                           |
|       |   | Signature of Debtor   |                  |                           |

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank/Exxon Mobile Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Comenity Bank/Blair Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/kingsi Attn: Bankruptcy Po Box 182273 Columbus, OH 43218

Comenitybank/meijer Attn: Bankruptcy Po Box 182273 Columbus, OH 43218

First National Bank Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197

First National Bank Attn: Tina 1620 Dodge St Mailstop 4440 Omaha, NE 68197

Gs Bank Usa Po Box 45400 Salt Lake City, UT 84145 Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Pnc Bank Attn: Bankruptcy Department 6750 Miller, Mailstop Br-Yb58-10-3 Brecksville, OH 44141

Prosper Marketplace Inc Po Box 396081 San Francisco, CA 94139

Syncb/car Care Pep B Po Box 96060 Orlando, FL 32896

Syncb/PLCC Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Club Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

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Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440